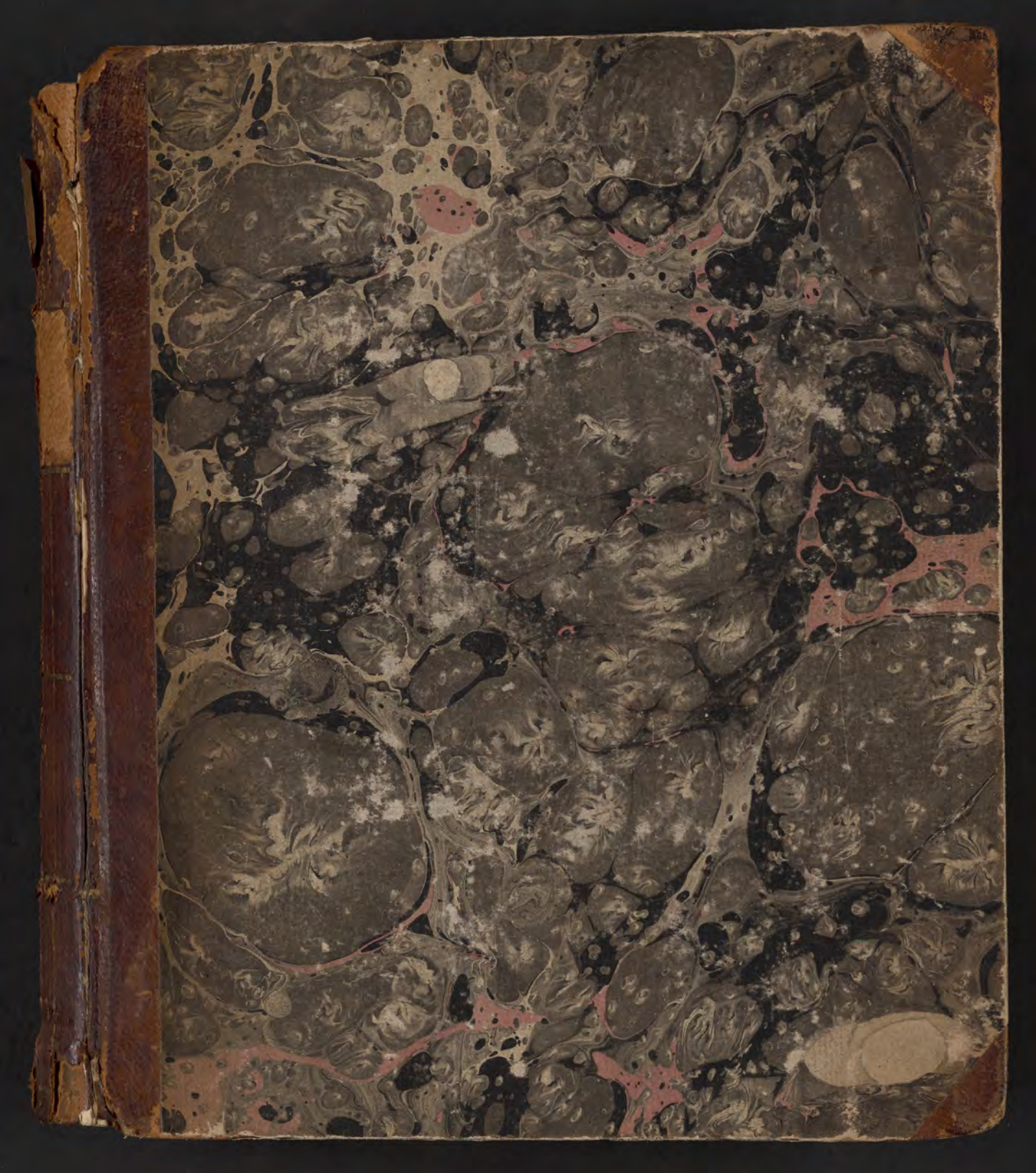

Vol 3

Hydrocele

By this term is designated a disease in wh there is a preternatural Collection of Water in the Scrotum, wh is distinguished into 3 varieties accord^g to the different situations of the fluid

I When the water is contained in the Cellular membrane of the Scrotum, or Anasarcous Hydrocele

II When it is within the Cavity of the Tunica Vaginalis testes, & of course in Contact with the Testes

III When the fluid exists in a Cyst or Cysts of the Spermatic Cord. These different kinds of Hydrocele require a different treatment

In the first Species the tumour is

smooth & of equal effusion covering both sides of the Raphe & involving both testicles so that they cannot be seperately felt, or if they can they are found to occupy the middle of the Scrotum in wt the Raphe is perceptible. It has the feel of dough, & on pressing it with the finger leaves an impression. — The skin is of its natural colour. The skin of the Penis is distended. The Spermatic cord may also be easily felt

11 When the fluid collects in that Portion of the Peritoneum wt descends into the Scrotum at or before birth along with the Testes & called Tunica Vaginalis Testes. This is almost always a local affection & has been supposed to depend on weakness or Torpor of the Testes wt being unable to take up the exhaled moisture natural to the part. The moisture collects & forms a tumour. This tumour commences at the bottom of the Scrotum near one of the Testes & generally

increases very gradually in size. Sometimes fm the rupture of the Lymphatic vessels it increases so rapidly as to fill the Tunica Vaginalis in a few hours. While the tumour continues small the testicle can be felt at the inferior posterior part this however is not the case when it becomes very large. In this last case it is generally diaphanous, & cannot be compressed. Sometimes fluctuat^n is perceptible. This disease has been confounded with other diseases of the parts, as Hernia & Swelled Testicle, & it is of great importance to distinguish them fm each other.

1st Hernia the tumour begins above & proceeds downwards while in Hydrocele it begins at the bottom.

2d In Hydrocele the tumour is permanent, while in Hernia it goes up into the abdomen upon lying down & returns again when in an erect posture.

3 In Hydrocele the Spermatic cord can be distinctly felt Not so in Hernia —

Schirrus or Swelled Testicle may be distinguished from Hydrocele by its being harder, heavier, & no fluctuation

Swelled Testicle is most commonly attended with pain & hardness, & generally follows suppressed Gonorrhoea. Sometimes Hydrocele is so complicated with these affections that it requires the greatest skill to ascertain the precise nature of the case

The 3d Variety of Hydrocele is when the fluid is collected in a Cyst or Cysts along the Spermatic Cord — the testicle here is in its natural & healthy state below. As the Swelling increases it goes up towards the abdominal ring, & sometimes to all appearance within it. The distinction between this & Hernia is often attended with no little difficulty, but attention & care will distinguish them. It is gen

cially diaphanous & of a circumscribed figure — Like Hernia it sometimes recedes & goes into the abdomen upon pressure, but on the removal of the pressure it instantly returns. In this case I was once enabled to ascertain the distinction by observing that it was not removed by pressure on the sides but only by pressure made directly in front

In general Hydrocele is not attended with any other inconvenience than what arises from its bulk & weight — In warm climates however the skin will excoriate & cause pain & inflamn — When the Patient will not submit to an operation for a cure support shd be given by a Suspensory bag —

Having thus treated of the different kinds of Hydrocele the means of distinguishing them from each other & from other diseases, we will now proceed to the cure

1. Anasarcous Hydrocele.

This is a Symptom of general dropsy & its cure is to be attempted by Med. means consequently its treatmt belongs to the Physician. The Surgeon however is sometimes called upon to afford temporary relief by evacuating the water. To effect this many methods have been used, but I prefer punctures with the lancet - the evacuation by means of Seton or scarificat^n is apt to produce mortificat^n. The best method is with the point of a lancet to make 5 or 6 punctures. & if these are not sufficient, in a day or two, more may be made. It is best to make them at the distance of 2 inches apart. - The only applicat^n necessary after the water is evacuated is softlinen to the punctures to absorb the water. - Hydrocele of the cellular membrane of the Scrotum is sometimes produced

by a sudden rupture of a Hydrocele of the Tunica Vaginalis Testes — In a case of this kind that came under my care the Patient both distinctly heard & felt the Vaginalis burst; instantly the tumour wh was before confined to the side was equally diffused thro' the whole of the Scrotum having a dark appearance from the extravasat^n of blood — He was exceedingly alarmed & immediately sent for 3 Physicians, who in consultation concluded that mortificat^n was coming on & were not less alarmed than the Patient. — Upon being called in & explained the nature of the case, stating that the dark appearance was owing to blood extravasated from a ruptured vessel; & that the whole of the fluid now forming Anasarcous Hydrocele wd after a time be absorbed, & that when the rupture in the Tunica Vaginalis had healed again, the patient wd be liable to a return of this disease — Everything

happened accord^g to prediction

In Hydrocele of the Tunica Vaginalis Testis little can be done by Med: Yet Dr Pepper says he once cured it by a strong cathartic. – In recent cases especially in children, frequent bathing in cold water, or a stream of cold water poured from a teapot several times a day has been of essential service – 'tis true it generally goes off spontaneously, but it w^d be much facilitated by the use of the water. A surgical operation is generally necessary to produce a complete cure Yet cures have occurred without resorting to the means of a radical cure – Dr P. mentions a case of one who had a stricture at the same time with a Hydrocele – upon removing the stricture the water was absorbed – we must observe however that the water was several times drawn off.

Another case of a man cured after re-

peated evacuation of the water by the use low diet, &c. & Mercury — Another cured by Merc. Ointment & Camphor to the Testicle &c. &c. —

The Cure of Hydrocele is divided into 2 parts —

I Drawing off the water & thus giving temporary relief

II To prevent a return & radically cure the disease

Temporary relief may be obtained by tapping & drawing off the water. The puncture is to be made on the Anterior Inferior part with a lancet, when the Testicle is on the Posterior Superior part, as it generally is; & as soon as the puncture is made the Canula thro' wh. the fluid is to flow out must be introduced. If this precaution be neglected, when some part of the fluid has escaped, the Tunica Vaginalis will contract & the open.g in it will not be opposite to that in

the external skin, consequently the fluid instead of flowing out of the external wound will insinuate itself into the Cellular membrane & form the Cirsarcous Hydrocele — it is always an unpleasant circumstance — After drawing off the water adhesive plaister shd be applied to the puncture, these supported by means of a Suspensory Bandage

Before puncturing always ascertain the situation of the Testicle: by not attend to this circumstance many Surgeons have been foiled in this Operat. simple as it is — In one case 3 eminent Surgeons in London punctured one after another the Anterior inferior part of the tumour, the spot where in this instance the Testicle resided. At length Mr Hunter was called, who after examinat. asked the patient if he had not felt great pain during the operation, I was answered in the affirmative. By making pressure on different parts of the tumour & requesting the Patient to

tell him when that peculiar sensation took place wh always arises from pressure of the Testes, ascertained the situation of the Testicle — He then punctured the tumour at the Posterior inferior part & succeeded.

Radical Cure for Hydrocele

To effect this several means have been employed, the object of all wh is to cause an obliteration of the cavity of the Tunica Vaginalis Testes by exciting such a degree of inflamn as will effect adhesion between it & the body of the Testicle & thus prevent a possibility of the return of the disease. The methods wh have been employed with this view are four —

1 Caustic applied in a line along the centre of the tumour from the upper to the lower part, a strip about as broad as the finger — this is done with a view to save the Patient the pain of an incision — Mr Pott says that it is always necessary to cut thro the

Tunica Vaginalis after the Caustic has spent its effects, but it may certainly be made to penetrate if applied long enough. If it burns thro' the Skin & Tunica Vaginalis it is then precisely the same thing as simple incision, having no advantage whatever over it. — Mr Else made an improvement by directing the caustic to be applied on a spot in the centre not larger than a shilling. There is no doubt but that a cure may very often be effected by means of the caustic, but there are several objections to it 1st I have been told by every Patient who have experienced the effects of both knife & caustic, that they uniformly prefer the former, that the pain attending the incision is not to be compared with that of the Caustic.

2d The Patient is exposed to all the inconveniences of a tedious suppurating sore & excessive subsequent inflam.n of the whole

scrotum &c may terminate in gangrene
It is impossible moreover for the Surgeon to judge when the parts are healthy & when they are not

The 2d Method is by introducing a seton between the Tunica Vaginalis & Testicle. Mr Pott is a very Zealous advocate for this method — a Tent is sometimes used for this purpose & after a Canula is pushed in & left there — Mr Pott improved this method by using a long Sacker needle armed with a Canula & a skein of silk (See Potts works Vol. 3d) By this means a sufficient degree of inflamn will generally be produced & the Tunica Vaginalis will adhere to the Testes — This however is not always the case, at times the adj. inflamn is excited on each side of the Seton, & will produce partial adhesion in its tract only. In this case as the cavity of the Vaginalis is not obliterated the operatn is incomplete & the Patient is liable to a return of the

disease. — Besides the Patient is confined to bed for some time thus a tedious suppurating sore. — Sometimes the water of the Hydrocele is in the Cysts adhering to the body of the Testicle & is an objection to the use of the Seton; as is also the impossibility of ascertaining the state of the Testicle & of determining upon the propriety of removing it if in a Scirrhous state —

3d Method. — Of late Mr Earle has revived the method practised by the Ancients of injecting a gently stimulating fluid into the Cavity of the tunica vaginalis after having evacuated the water — He used Port wine & water in the proportion of 2/3 of the former to 1/3 of the latter. — I have used Port wine alone —

The instruments necessary for the operat^n are a Stilette & Canula — a gum elastic bag, or what is better, a small bladder with a stop cock to hold the wine — If the tumour is tense the Trocar is to be used, if not

a puncture may be made with a lancet & the canula introduced —

The Patient is seated on a chair with the Scrotum hanging down this hands out of the way. Grasp the upper part of the tumour; & pierce the Anterior part with a small Trochar or lancet, taking great care to avoid the Testicle — As soon as the puncture is made, introduce the Canula & push it pretty deep so as to be within the Cavity of the Tunica Vaginalis. — After all the water has flowed out, inject the wine & water thro' the Canula wh. may be done with a pipe & bladder with a stop cock fixed to the pipe. Suffer the wine & water to remain 2 or 3 minutes until considerable pain is induced — Pain is generally soon excited in the back & sometimes faintness, but in other cases little or no pain is felt — If the Canula is not pushed in far enough, when the water has partly escaped, the Tunica Vaginalis will slip off the

Canula, & the water will get into the Cellular membrane of the Scrotum; & upon infection of the wine it gets into the cellular substance & produces too much inflam^n & sometimes mortificat^n — I have seen the whole Scrotum slough away & the Testes laid bare fr^m this cause. — To manage the Canula with more ease, it is useful to have a handle fastened to its upper part — In 3 or 4 minutes the wine must be evacuated & apply a piece of adhesive plaister over the puncture. Put the Patient to bed & support the Scrotum by putting the thighs close together, & applying a towel doubled up immediately under it — About the 3^d day the inflam^n comes on when a soft bread & milk poultice sh^d be applied twice a day to keep it moist, & if the inflam^n be very violent ℞ sh^d be used — In 8 or 10 days the inflam^n recedes & shortly after the Vaginalis & Testicle are found firmly adhering. —

This method has

* If the Swelling returns again I have used cold water with advantage

much to recommend it — It exposes the Patient to but little pain, is very simple, the confinement short. & is generally successful — Sometimes however it will fail. If this shd be the case it is proper to try it a second time if the Patient will consent, for a second operation will sometimes succeed when the first will not —

The Surgeon shd state all the circumstances to the Patient previous to the Operation but that if it fails there is another operation wh will succeed — If this operation shd fail the 2d time recourse must be had to the 4th method

<u>The 4th Method</u> is to make an incision thro' the Scrotum an inch & a half long beginning at the Superior & descend to the inferior part of the Scrotum — A second incision is then to be made thro' the Tunic as large as the external wound, thus being the body of the Testicle into view, when if it be in a

diseased state it can be easily extirpated. The older Surgeons then advise the introduction of lint to keep the sides of the Vaginalis from the body of the Testicle. Lint however is not the best dressing, the Patient is much terrified at the exposure of his Testes, & the exposure is attended with an uncouth pain in the back. Besides the shreds of the lint will often adhere to the parts & prove the cause of the formation of many troublesome small abscesses. On this act the Method recommended by Mr J. Hunter is the best.

He makes an incision thro' the Skin & Tunica Vaginalis only & instead of introducing lint between the Vaginalis & Testicle, he advises the introduction of flour, pieces of poultice, or balls of dough. The wound is to be kept open by 2 hooks held by two assistants while the Surgeon pushes in small pieces of dough till the cavity of the Vaginalis is completely closed. A Pledget of lint

or tow spread with cerate, or covered with some emollient poultice is laid on the part — over this a compress secured by the T bandage & the Patient put to bed — Next day the dough will produce inflamm^n & will continue to the 3^d or 4th day when suppuration will take place, the parts will granulate, the pus mixes with the dough & as the Tunica Vaginalis adheres to the Testicles the dough will be squeezed out with the matter

After a short time the cure is compleated. This I think is the most complete method of performing the radical cure of Hydrocele. — I have performed it several times & always with success. — You are able to perceive the Cysts & to discover the State of the Testicle, & no abscess is formed

Fistula in Ano

By this is meant a deep Cavernous Ulcer situated in or near the Anus with one or more openings. This is always the Consequence of inflamⁿ of the Cellular & Adipose membrane near the Anus.

It begins with a dull pain, sense of weight, great hardness of the part & is often attended with general fever. From the tumour pressing against the neck of the bladder, dysury, or a total suppression of Urine occurs; for hardness & distention of the cellular membrane round the Anus, pain & tenesmus, & in women bearing down pains.

The inflamⁿ of the Anus generally terminates in Suppurat^n. & if after open^g & the common treatm^t for abscesses it refuses to heal, it is called a Fistula.

When the abscess has an open^g in the

rectum, & one or more externally near the anus
it is then called a Complete Fistula

When there is an opening externally without
any communicat^n between the abscess & rectum, the fistula is then termed Incomplete

And when the abscess opens into the guts &
rectum without any external opening it
is called an Occult or Blind Fistula

The state of a Fistula may be known by an
examinat^n with the finger well oiled in
the rectum, & by the probe in the external open^g
thro' the Fistula — The Patient lies with his
Belly upon the Table, his legs hanging over
& seperated by assistants

The varieties of Fistula are considerable
sometimes the collection of Matter is small &
like a common Boil, yielding also to the
same treatment — Sometimes the collection is
larger, but may still be healed as a common
abscess. — Sometimes the rectum is
denuded, & at times the adipose membrane

extends to the Glutaei muscles - Sometimes to the Vertebræ within the Pelvis, but generally here there is a Caries of the Vertebræ, & but little hopes of a Cure

The causes wch produce this disease are the same that produce disease in other parts wch are inflamed. Upon the least complaint of pain about the Anus, an examinatn shd be immediately made that if a Fistula be forming it may be prevented - Care must be taken not to confound it with Hemorrhoids, for by mistaking Fistula for Piles, suppuration, long confinemt & even death has ensued.

If called in early enough the first efforts of the Surgeon shd be directed to prevent the formation of Fistula - Blood is to be liberally taken frm the arm - & frm the affected part by means of leeches. After the removal of the leeches, poultices of bread & milk with Sacch: Sat: &c & every part of the antiphlogistic treatmt is to be pursued together with low diet, purges &c

If Strangury attend it may be relieved by the warm bath & anodyne Glysters — Should they fail introduce the Elastic Catheter to draw off the urine. — Inflamn of the Buttock is apt to terminate in Gangrene, for the treatment of wh see Pott.

The Surgeon however is seldom called until pus is already formed, & after one or more openings — If upon examination any fluctuation is perceptible, & there be no external opening, one is to be made for the purpose of evacuating the contents of the abscess — The Surgeon shd then attempt to heal by the common remedies for abscess — Continue the Antiphlogistic plan until a cure is compleated but especially if inflamn supervene

We may here enumerate a number of circumstances wh retard or prevent the healing of the Fistula

1 Use Testicle being incomplete, the confinement of matter prevents healing by con-

stantly irritating to inflam.

II The suppurating cavity is prevented from healing by the frequent closure of the external orifice. Matter collects again & bursts it open in a few days by old or new openings

III When the Fistula is complete, air & feces passing thro' ✱ some part of the Feces lodging at every stool, constant irritation is kept up in the sore.

When the Fistula is occult feces pass in & lodge very certainly preventing the healing of the sore

IV When a considerable cavity exists with a large or small external opening, the sphincter ani contracting pulls one side of the cavity from the other, & thus breaks the adhesions as often as they are formed. This often repeated produces

V Callosity, wh. is another cause wh. prevents the healing of the Fistula

VI It is prevented from healing by an improper application of dressings; by dressings

to the bottom as it is called, that is, cramming as much lint into the Fistula as can possibly be got in.

VII By the extent of the Fistula. When the disease extends beyond the reach of the Finger to the brim of the Pelvis, & connected with a carious state of the bone, little can be done.

VIII By the general bad health of the Patient.

The Operation for the cure of Fistula is a very simple one, it consists in making the Cavities of the Fistula & gut into one by dividing the intervening substances with a Bistory, so as to open the cavity of the Fistula into the rectum. Divide the rectum as high up as the Fistula extends, the open will then be large & the fæces will have a ready passage without lodging. The Levator and Sphincter Ani being incapable of acting the end of the gut will be at rest, granulations will form, the surface will adhere

& the contraction of the Cicatrix will complete the cure. This is done by passing the finger well oiled into the rectum & a probe pointed Bistory up the Fistula guarded with a Silver sheath placed on the side of the Bistory, or what answers as well a piece of waxed linen stuck on the blade so as to keep the edge from cutting until it is introduced; the linen is then to be withdrawn by an assistant. With the Bistory thus passed up the Fistula & the finger up the Anus, the Surgeon brings the point of the Bistory on the finger, & the division is made by drawing out the finger & Bistory in Contact

If the Fistula be incomplete, a sharp pointed bistory must be used to perforate the Gut & rectum. Here the bistory is very apt to cut the finger of the Surgeon — to guard against this a small piece of sheet lead is to be formed into a ring sufficiently large to project a small distance over the point of

the index finger by wh means the Bistory will rest on the lead

After the Operation dress with pledgets of lint spread with some mild cerate. the Patient shd be put to bed & kept quiet & the T bandage applied.

When the Fistula reaches so far up the rectum, that the finger passed in the rectum cannot reach as high up as the Fistula extends - A long trochar covered by a Canula is to be introduced. - When this instrument reaches the top of the Fistula, the trochar is to be pushed forward fm the Canula, & perforate the rectum upon a flat piece of soft wood previously introduced into the rectum for this purpose. - The trochar is then withdrawn, & an instrument something like a Spatula, but with an Oval hole in the top is then introduced, with the hole opposite the Canula within, & in contact with it thro' the open

made by the Trocher. — A leaden wire is then introduced thro' the Canula & thro' the hole in the instrument placed in the rectum. This instrument is then to be twisted so as to get hold of the wire, wh is to be drawn down out of the anus & connected with the other end of the wire in the Fistula, wh by gradually pressing on the intermediate parts will produce ulcerations & come out leaving the parts above sound. — This method originated with the French Surgeons, & of wh the Dr highly approves — & when the Fistula terminates in Perinea, he thinks it might be resorted to with great propriety & advantage — Or when there wd be a pretty considerable artery to be cut, this method wd be proper, as by dividing it suddenly with a Bistory, it might cause a dangerous hemorrhage

Schirrus & Cancer —

Schirrus may be defined, a hard, circumscribed tumour, destitute of redness & possessing but little sensibility. When it ulcerates Cancer is formed — Cancer then is nothing more than Schirrus in a state of ulceration. — There are varieties in the nature of this tumour, & it is extremely desirable to know when they will end in cancer. At times a Schirrus tumour will form Tend in common ad: inflam^n — In glandular parts it sometimes ends in effusions of extravasated Coagulable lymph w^h concreting in the vessels forms a hard Schirrus tumour with no disposition to Cancer. —

Scrofulous tumours often affect the Mamma & other parts — If there be any uncertainty, evacuations Blisters & Mercury sh^d be used. —

We sometimes find Schirrus occurring

without any evident cause, at others it is the consequence of blows or other external violence. Sometimes it remains stationary for years, at other times its increase is rapid. I have seen Schirrus terminate in cancer which had remained inactive for 30 years. I again have seen a cancer form in 6 weeks. When it is thus forming it becomes painful, increases in size, is of an equal surface, contracts adhesions to the surrounding parts, changes the colour of the surrounding skin to a purple, is sensible to the touch, surrounds the veins rendering them varicose, & is attended with violent shooting pains. It now extends further, the lymphatic glands in the neighbourhood being contaminated, the vessels leading to them indurated, feeling like hardened balls. In some instances a fluctuation is perceptible in the centre of the tumour. When it ulcerates the flesh becomes fungous, a foetid acrid sanies is discharged, & an open cancer is formed

x of a white colour

Many ulcers are formed wh resemble Cancer in all these appearances, but dont prove to be a Schirrus tumour. These are often as painful in their progress & as fatal in their consequences.

When true Schirrus is formed extirpation is always proper, no discutient applications ever effect any thing. After the extirpation of Schirrus, or those supposed to be so, it is highly satisfactory to a Surgeon to ascertain whether they were actually of that nature. We find Schirrus tumours to vary in their appearances accordg to the period of the disease the time of the removal. When the centre of the tumour is dense & hard particularly in the early stage of the disease, when there exists a kind of Nucleus like firm Cartilage of about 1/3 of an inch in Diameter, & when fm the Centre ligamentous fibres pass to the circumference. When a tumour exhibits these appearances, you may be certain that it never

wd have been discussed. That it wd have ended in Cancer. — As the disease advances the space between these fibres becomes less compact & evident, & the appearance in the centre is changed, having a bloody fluid in it. At times the cysts are of various forms & sizes. — It is scarcely possible however to tell what tumours will & what will not end in Cancer. Mr Home with his usual candour tells us that they differ so much in different patients as to render it almost impossible to ascertain what tumours are scrofulous & what cancerous, & that he himself has mistook & removed scrofulous for Cancerous tumours. — Dr Pearson tells us it is absolutely impossible to distinguish Cancerous tumours from other diseases. — Mr Nunn says that out of 102 cases of Schirrus on wh he operated 4 only were clear of the disease for 2 years. Mr Hill found that out of 58 all ulcerated except 4 & all recovered except 2. Ten

however had the disease afterwards.

Mr Hunter, Home, Cline all protest against the Operat^n after the parts have acquired the property of contaminating the surround^g parts. — The best rule is to use leeches, Antiphlogistic remedies, Blisters, Mercury, & Cicuta to discuss them & if these fail to recommend extirpation — I have been successful in extirpating cancerous tumours after the Lymphatics & surrounding parts were contaminated, & have the satisfaction of believing that several lives were saved by it.

Many tumours w^h have for years been indolent suddenly become cancerous, & if we find indolent tumours rapidly increasing it is proper to remove them altho' the symptoms of cancer be absent

Tumours exist in the Ala of the nose, Os Tinci & Penis w^h have been confounded with Cancer, but differ materially as they never spread or contaminate the surround^g

parts, absorbent glands & skin at a distance
It is a progressive eating sore & can be easily cured
by an opposite mode of treatment

The Ancients & some of the Moderns believe
cancers to be contagious, but this Idea is altogether
visionary. It is said to emit a peculiar odour
capable of producing infection; & for this we find
Sulpius the greatest advocate, who tells us that fro
dressing a cancerous sore, his tonsils were inflamed
& roughed. It is more probable that the inflamn
of his tonsils was nothing uncommon, & that
what he took for malignt roughs was only a
coagulable lymph — It is certain that had it
been a cancerous affection of these parts, he
never could have survived. Turner who
had the boldness to taste the matter from a
cancer, ever after had a distressing taste in
his mouth, languished for a few months &
died —

Cancers have been supposed to be hereditary
Mr Home opposes this Opinion, but allows

there are certain constitutional peculiarities wh dispose to it – altho' said he if not excited by action, no cancer will be ever established. –
Out of 50 persons who receive accidents in glandular parts, not more than 1 or 2 have any cancer formed. – All ages are liable to this disease, altho' it generally attacks those advanced in life. The cessation of the menses in women is obnoxious to this disease. It is said to attack single more generally than married women. Between 45 & 50 is supposed to be the most favourable age of its occurrence. It appears earlier in those in whom the Catamenia is irregular or obstructed. In this country it appears in unmarried women whose Catamenia is irregular or obstructed fm the age of 37 to 50. –

Cancer may affect every part of the body, but it most frequently occurs in Glandular parts – The breasts of women are the most frequent seats of it; altho' we find diseases attacking those parts entirely distinct fm Cancer

1st The whole substance of the breast is gradually enlarged, there is no pain, its tender & sore, & its bulk & weight constitutes its greatest inconvenience. There is considerable heat, redness, & symptomatic fever. The skin occasionally not discoloured. - This affects both single & married women, it is to be cured by antiphlogistic remedies, cupping, & general & local B.s. -

2d" We find a chronic inflam.n of the breast attended with considerable deep seated pain, the tumour hard & deep in the substance of the Mammæ, heat, throbbing, shooting pains, a natural skin, & it suppurates becomes sore & inflames. - This affects young women without any evident exciting cause. - Antiphlogistic remedies shd be used to prevent suppuration & relieve the disease

3d" Scrophulous tumours occur on the breasts & are then called Spurious Schirri - These come on so gradually, & are so strongly marked by the symptoms of true Schirrus tumours that

it is extremely difficult to make any distinction. When only the skin is affected there is no danger. When there is a number of tumours you may be almost certain that they are scrofulous, for a plurality of Schirrus tumours is by no means usual; therefore never extirpate when there are 6 or 8 tumours, but it is advisable when only 1 exists.

If Hydatids constitute tumours, these are always to be extirpated.

When you have concluded on the Operat^n it sh^d be performed as early as possible, for all writers agree that after the format^n of Cancer there is great danger of the surround^g parts being contaminated; & if the breast be the seat of the disease, the Axillary glands are very liable to be affected, a most unpleasant circumstance. — Mr Cline says if these glands be affected, the operat^n sh^d never be performed, but I have extirpated Mamma after the glands in the Axilla were enlarged & diseased, putting ligatures on them, & have

had the satisfaction of saving Sorts lives, tho' in some the disease has returned — There are 2 methods of removing cancerous tumours viz,

1st By the knife — &

2d By Caustic

The first is decidedly the best, as you are able to remove all the diseased parts, & discriminate them from the healthy parts. — The Caustic precludes the possibility of ascertaining these essential points; but if the terror of your Patients compel us to resort to its use; equal parts of white Arsenic & Sulphur are to be employed — but I see no reason why the common Caustic will not answer

When the knife is used the follow.g circumstances lead us to expect a favourable issue

1 When the diseased parts are so situated as not to endanger wound.g any large Bloodvessel.

2d When it has been the result of an accident

3d, The general good health of the Patient

4th When its progress has been slow, there is

no contaminat^n of the surround^g parts.

The patient is to be seated opposite a window, & with a strait incision the tumour is to be dissected out removing the diseased skin. An incision is then to be made in the direction of the fibres of the Pectoral muscle; & if the glands of the Axilla be diseased high enough to extirpate them. Dissect the diseased Mamma out first then by cutting up detach the hardened Lymphatics. Then the finger is passed over the Axillary glands, cut them off, taking care to tie the cellular membrane with a strong ligature to prevent hemorrhage + the vessels are liable to retract & bleed, so tie the whole with a ligature & afterwards look for the divided vessels & secure them by ligatures. The best local application are the bruised seeds of Hemlock, a carrot poultice, scraped chalk, & an aqueous solution of Opium. Tar water has been given internally, also Lauel: Nightshade, & arsenic.

Cancerous tumours are sometimes treated in

the Neck, & when deep, the operation is haz-
ardous. But Scrophulous tumours have been mistaken
& extirpated for Cancerous in these parts.

They are sometimes seated under the
Lower jaw, but accord^g to Pierson always ow-
ing to cancerous virus in other parts

Scrophulous tumours are sometimes situated
in the Parotid & maxillary Glands, & they are
often the seat of true Cancers in this situation
they are called "Moli me tangere" Authors
erroneously call this a distinct disease. Caustic
& Actual Cautery have cured it — If it can be
completely extirpated, the knife is certainly
the best remedy. — There is no difference be-
tween this & other Cancers — I have seen
it shoot out a Fungus discharging a horrid
fetor & producing excruciating pain

The Tongue is sometimes the seat of Can-
cer, of this Mr Home mentions 2 cases

The Lip is also the seat of Cancer, in
some instances beginning like a small wart

in others occupying the whole substance of the lip, & becoming Schirrous. I have cut out the whole lip & thus effected a cure, altho' my patient was much disfigured.

We find the Eyes in some instances the seat of this formidable disease. If they have been cut out, for wh purpose a Curved Knife is used. This is a disagreeable operation. I once performed it at the P. Hospital.

Cancers of the Rectum have attracted much notice, as not one has ever been cured. Opiates & Mercury are the palliatives. Mr Home advises solid Opium in the form of Opium Pills to be introduced into the Anus.

The Tunica Vaginalis Testes is in some instances the seat of Cancer. I Mr Home extirpated the whole of one testicle wh was in a Schirrous state.

The Bladder is also affected with Cancer. Gooch extirpated one wh was in contact with 2 large stones. It was hard & thick

resembling the gizzard of a fowl

The Penis is sometimes the seat of Cancer. It commences like a small wart or speck on the Frenum, & sometimes remains on the prepuce & glands, quiescent for years, but if irritated from any cause, it becomes large, ulcerates & discharges a fœtid sanies. It continues thro' the urethra making a fistulous opening thro' wh the urine flows: — the glands in the groin & or Pubis are also affected extend^g in that direction. — It may easily be distinguished from venereal warts, as they are the result of Gonorrhœa or Chancre — Mr Hay says he has seen 7 cases & 6 of the same affected with Phymosis —

The Uterus is often the seat of Cancer, Stimulating injections or corroding fluids are never to be injected. — They shld not be extirpated —

Extirpation of Cancerous Tumours on the Breast.

Before proceeding to the operation it is necessary to make an accurate examination of the parts, so as to ascertain the extent of the disease. Sometimes you find the tumour extending no further than the breast, the skin perfectly sound. At times the tumour has no adhesions below, at others it is purple, hard, & ulcerated. Sometimes it is moveable, at others attached to the pectoral muscle. Sometimes there is a tumour in the axilla, so that great attention is necessary to ascertain whether the Lymphatic glands are hardened or enlarged. After feeling these glands, a piece of twine or pack thread is to be passed between the tumour of the breast & hardened glands. It is necessary to examine all around the breast & see if any other part be contaminated. Examine also the neck above the clavicle & see if any gland be hardened there. These things are absolutely necessary as

by them you are to ascertain the propriety of Operating, for when the parts have acquired the property of Contamination the glands in the Axilla are hardened there is little prospect of success, altho' I have in a few instances succeeded

When you have determined on the extirpation of the breast, a free incision is to be made in the integuments covering the tumour, so as to expose it. The Anterior surface of the tumour is to be separated from the integuments so as to circumscribe the tumour on the outside & dissect it off from the fibre of the Pectoral Muscle. It is of great consequence to attend to the vessels you divide at the moment of cutting them. If the Artery be very small, the finger of an assistant may answer, but if large, the tenaculum & ligatures must be used. If this be not done, the Artery will contract, a Coagulum or Plug will be formed, the hemorrhage will cease & not return for some hours when a second bleed will occur far more perplexing than even the Operation itself. For these

reasons then it is proper as soon as the artery is divided to stop in the Operat^n I immediately secure it by a Tenaculum & thread.

After the tumour has been removed, the hemorrhage stopt, & the Coagulated Blood washed out, the parts are to be brot in contact by adhesive plaister spread on linen or leather leaving a sufficient space for the Ligatures & the process of suppurat^n — then apply a compress of lint & tow, & bandage all then carefully.

When the tumour extends into the Lymphatic glands of the Axilla, they are also to be extirpated. Attention is here to be paid to the great vessels, in one case I brot all the vessels into view. If the skin covering the tumour be sound, one simple incision will do, but if it be purple or discoloured two incisions are to be made, one below & one above so as to meet each other. You are to cut in the direction of the fibres of the pectoral muscles, as the parts are more easily brot together, & the gland thus more readily

exposed. — If however a large portion of skin be altered in Colour & texture, the whole is to be removed, never giving yourself a thought about the parts being brought into contact. One great rule is to carry the incision always into parts that are perfectly sound, for without this precaution the patient will most certainly have a return of his disease.

The Patient is to be seated in a chair in a good light & the hair in the Axilla shaved — An incision is then to be made directly over the tumour in the Axilla, coming down in the direction of the Pectoral Muscle till you arrive at the tumour in the breast. Recollect that the lower incision is first to be made, for if you make the upper one first the flow of blood will be a great impediment to the operation. — Another incision is then to be commenced just below the armpit & continued down so as to meet the first incision. The tumour is then to be dissected off from the Pecto-

ral muscle, but if it adheres to the muscle that shd be removed without hesitation. —
It is proper if the tumour be of any extent in the Axilla, to seperate it first from the pectoral muscle leaving the upper part attached to the axillary tumour, as the weight of the tumour will draw the glands down & render it easier for the Surgeon to dissect around them. The surface of the tumour in the Axilla is then to be exposed by dissecting the integuments & turning them to one side, & the hardened Lymphatics are dissected off by continuing the incision up to the Axilla, taking care to dissect the tumour from the Pectoral muscle. — When you have got as high as the Axilla, then by pulling you may draw the tumour down from the Axilla. — A young Surgeon wd be tempted after feeling above the tumour in the Axilla to cut off the upper attachment, but this is extremely hazardous, for at the top of the tumour the arteries must then be kept upon the

stretch. & when they were divided they wd fly up by their elasticity & never afterwards be got at. — Your finger is to be passed above the top of the tumour, the tumour drawn down & a ligature passed firmly round the parts above, when you may cut off the parts. The ligatures will seperate in 12 or 18 days. When the hemorrhage has thus been stopt, the sides are to be brot together & retained by ad: plaister spread on linen &c as already recommended

Caustic has been proposed but is practised only for a dread of the knife — the knife is far preferable as you can cut sound parts, & are able to tell accurately what parts you are dissecting. Besides this, one dressing with the caustic is much more painful than the whole operation with a knife as I have been repeatedly informed by Patients who have experienced both. If however it be used, equal

parts of Arsenic & Sulphur are strewed on the Cancerous tumour. Corrosive sublim: & the actually cautery will answer. The actual cautery is advisable in Fungous Tumours of the Fauces where the knife cannot be used & when cancers affect the bones — The Eschar it produces acts as a firm bandage over it

Extirpation of Schirrus Testicle.

Here also before we proceed to Operate it is necessary to examine the skin & Scrotum, so as to ascertain what part are sound & what are unsound. — Examine next the Spermatic Cord to see whether that be sound or not — If it be enlarged or hardened the section is to be made above the hardened portion, as the disease will otherwise return. When the hardness extends thro' the ring of the external oblique, the operation is not to be attemp-

ted, as the disease will infallibly return in the abdomen.

After the Pubis is shaved, the incision is to be commenced an inch above the hardened part of the Spermatic Cord thro' the skin & Cellular membrane, & continued over the tumour of the Testicle or the Scrotum. Then feely into the substance of the Scrotum so as to ascertain if the disease be really Scirrhous Testicle, for Testicles have been extirpated for Hydrocele & Hernia. The skin is then to be dissected off the Tumour in the Scrotum. The Spermatic Cord is to be dissected up till you seperate it above the hardened part, & then it is easy to feel the Vas Deferens & may be seperated from the cord, & a ligature passed around the cord ½ an inch above the hardened part, leaving out the Vas Deferens, & tying a knot on the chord. The Testicle may then be cut off. Books tell us that a slip knot is to be tied as there is less pain as they suppose about the artery. But

it is proper to draw the cord tight at once for the pain is only severe at the moment & is just like a severe pinch. & there is then no danger of Hemorrhage. After the Testicle is extracted the skin is to be brought together & 3 or 4 stitches of the interrupted Suture to keep it in its situation

Paracentesis or Tapping.

When water is collected within the Peritoneum, or that membrane which lines the abdominal cavity in such quantity as by its bulk or weight to prove very inconvenient, or by pressing upon the diaphragm impedes respiration, — Under these circumstances the Surgeon is sometimes called upon to give relief by the Operation called Tapping. This consists in puncturing the Abdomen & drawing off the water. It is of consequence to know if the swelling is caused by the —

mour or bey water; for wh purpose the Surgeon placing one hand firmly on one side of the abdomen, & with the other hand gently tapping the other side, if caused fm water will perceive a fluctuation of that fluid. This precaution in women is absolutely necessary, a pregnant woman being once tapped for a supposed dropsy — Mrs — the celebrated actress who was pregnant had been several times tapped for the Dropsy in London — She at length retired into the country where finding the swelling increase she sent for the Surgeon of the place & insisted on being tapped. He, finding the marks of Trochars, did not hesitate one moment in proceed.g to the Operation, but on withdrawing his Stillette was astonished to find Blood discharged instead of water the unhappy woman expiring in a few days, her supposed dropsical affection was found to originate in advanced pregnancy & the instrument had entered the hip of the

child.

Operation. — The instrument generally used for this purpose is a trocher — it was formerly round with a triangular point; but this makes a lacerated wound, & was found to be far inferior to a flattened trocher with a lancet point, as an incised wound will heal much sooner than a punctured one — the blade was also so thick that it was difficult to sharpen the edge. I generally make an incision with a lancet, after wh a common female Catheter is introduced to draw off the water. The operat^n performed in this way is attended with much less pain & is far superior on many accounts. The Catheter is better than the Canula, for being round & smooth at the end, it does not bite the Canula injure the viscera wh press against it when nearly all the water is evacuated

There are two methods of Operating

One is to make an incision half way on a line between the Anterior Superior Spinous process of the Ilium & the Naval; & as the Liver is frequently much distended & enlarged in this disease, the operation is generally performed on the left side to avoid injuring it. But Mr Cline having once wounded the Epigastric Artery in making the incision at this place, proposed to avoid this inconvenience, to make the incision on the Linea alba, 2 or 3 inches below the naval, or half way fm the umbilicus to the Pubis. This last method is the best, the wound here heals sooner, & is less dangerous.

When we operate between the Pubis & Naval, the Patient shd previously evacuate the contents of the Bladder, as he might otherwise have the fundus injured. If we shd happen to wound the Epigastric Artery, we shd not be too much alarmed, but immediately cut down to it & pass a ligature around

it. — Indeed it is astonishing to me that a Surgeon of Mr Cline's celebrity could suffer a patient to die for this accident when it was so easy to remedy it

It is the practice of some Surgeons in performing this operation to place the Patient in a chair — I generally lay him on his side, with his belly protruding over the bed, a large bandage either of flannel or muslin is passed around him for the purpose of making compression on the belly after the water is evacuated is to be passed around him —

The incision is then to be made with a lancet, & the Catheter introduced; the assistant making gradual pressure on the abdomen with his hands, the water will flow easily & prevent faintness. — If any part pressing against the Catheter obstructs the flow of water, it is to be pushed away by a probe passed thro the Catheter. — It is proper to have wine at hand if the Patients situation shd demand it

After the water is evacuated, a piece of linen or leather spread with ad: plaister, over that a compress, & this secured by a roller passed 2 or 3 times round — The roller is for the purpose of compressing the bandage firmly & has this advantage attend^g it viz the constant pressure prevents Syncope w^h w^d occur fr^m the sudden removal of the stimulus of distention —

Hemorrhoidal Tumours.

These tumours are situated near the Anus, & at times at the verge of the Anus in the Rectum. They sometimes bleed profusely, & there are occasional returns of inflam^n & swelling At other times when situated at the verge of the Anus in the rectum, by straining at stool the tumour is protruded, & the part pushed down forming Prolapsus ani: A Person thus

afflicted are subject to flatulency & Dyspepsia. By the tumour pressing upon the membranous part of the urethra difficulty of voiding urine takes place, or if the tumour be large suppression is a frequent symptom. In one case it came under my care there was numbness of the thigh wh ceased as soon as the tumour was extirpated. When much inflam^n exists, the patient is greatly relieved by a horizontal position. The antiphlogistic plan shd in this case be strictly pursued. 30 or 40 leeches applied to the part, the bowels kept open by Castor Oil or Sulphur, & some mild unctuous substance applied to the hemorrhoidal tumour as Tallow or Mutton Suet. A poultice of bread & milk wet with lead water or Laud: shd also be applied. There are all but palliative remedies. As the Patient is subject to frequent attacks of this disease, it becomes extremely desirable to remove it entirely. To effect this two methods have been proposed

1 By cutting it away

2d By tying a ligature round its basis & causing it to seperate by the absorbents

When it is cut off the vessels wch are divided produce profuse Hemorrhage. & for this reason it is best to take it off by ligature. When the tumour is small it is easy to apply a thread round it, or what answers better, common bobbin, taking care not to wax it, as it wd make it slip

When the basis is broad a needle armed with a double ligature may be passed at the base of the tumour about its middle, one to be tied on each side the tumour, cutting off the strings. I have known it to remain 12 days before a seperation. & I have known it to come away in 4 days. At the moment of tying the ligature there is a sharp pain just like a pinch.

When the tumour is at the verge of the anus within the rectum it is impossible

to bring it into view or get a sight of it except just after stool. for this reason Cataline med: are to be given & seize the opportunity just after an evacuation, when it may be brought into view by pulling it out with a forceps, & then pass a thread round it; or if that did not answer, a wire by means of a double Cannula.

Prolapsus Ani.

This is a disease of the rectum very common in children, & often attacks persons advanced in years - It has been called a falling down of the rectum or Prolapsus Ani.

I have seen many cases of the above disease, & have lately been in the habit of allowing no solid food to persons thus affected - I have succeeded in every case in wh I have been consulted by confining the

Patient entirely to a diet of Rye Mush & Sugar by wh means the Feces are fluid & voided with ease to the Patient & without a protrusion of the Gut — By this simple remedy the patients will in every instance be perfectly cured in 2 or 3 weeks.

Aneurism.

By this term is meant a morbid dilatation of any part or parts of the Arterial System — Its called a morbid dilatation, because the Internal Coat is diseased before the dilatation commences, that causes the dilatation. Aneurisms are divided into

1 The True — &

2d The Spurious or False Aneurism

The true Aneurism is where there is no wound thro' the Coats of the Artery, but only a dilatation.

In the false the coats are wounded, & the blood is found in the Cellular membrane & forms the Aneurismal Sac.

There is frequently a general tendency to Aneurism throughout the whole Arterial System. It has been found in the Aorta & in many parts of the Arteries at the same time but is generally confined to one part only.

The Proximate Cause of the formation of Aneurism is owing to a disproportion between the Momentum of blood, the strength or resistance of the coats of the Artery at the part where the Aneurism takes place.

With the remote causes we are not acquainted, intemperance in drinking is said to predispose to it. A violent strain or contusion is also said to be a remote cause. I have known 2 false Aneurisms in the ham from contusion, but not a true one.

A partial division of the coats of the Artery has been supposed to produce Aneurism

but Mr Hunters experiments prove that it does not. he dissected off the external coats of the Carotid artery of a dog, till the artery was so thin that he could see the blood thro' it — he suffered the dog to live several weeks & then killed it, & found no dilatation had taken place. It has been supposed that when the external coat of an Artery is cut thro' either in V.S. &c, that the internal coat may be pushed thro' it, & thus form a kind of Hernial Aneurism — I believe such aneurisms never occur. — If the causes above enumerated ever are remote causes, I believe they are but seldom —

Aneurism much more frequently arises from a diseased state of the coats of the Artery, without any evident cause — the internal surface of the Artery loses its fine polish becomes rough & uneven with a diminution of the contractile power of the Artery, & points or spots of ossification appear on it —

This disease is less frequent in women than in men, & in young than in old people. It seldom attacks young persons for the sound state of their arteries. It is of great consequence to distinguish between aneurisms & common tumours. In recent aneurism the tumour & pulsation is very evident, but in old aneurism the pulsat^n is not so very evident, as the blood strikes against the coagula formed at the tumour by the blood. The skin covering the tumour is at first of its natural appearance, but in the progress of the disease it changes colour, cracks & sloughs. — In recent aneurism the tumour can be entirely removed by pressing the blood out of it; & in the old its size can be considerably diminished, but on removing the pressure the blood rushes in & constantly fills again. It often happens that a tumour immediately over an artery, or in its neighbourhood pulsates — this may be distin=

guished from Aneurism by its moving as a whole or entire body, & the pulsation cannot be felt in every part of it as is not the case with Aneurism. On lifting it up if it does not adhere to the artery the pulsation will cease.

When the Aneurism exists in any of the great Vessels within the thorax, the symptoms are an irregular pulse, difficulty of breathing & palpitation of the heart.

In the beginning of the disease the dilatation is very rapid as the blood strikes directly against the coats of the artery. afterwards the dilatation proceeds more slowly, but in the end it produces a tumour so large, that by pressing upon the skin it will die, & seperating, the patient will expire from a sudden gush of blood from the artery.

Aneurismal tumours cause by their pressure bones or whatever else they press upon to be absorbed by the excitent pro=

duced in the Lymphatics. If they are situated internally death may be induced without bursting by pressure on some important part, as the Trachea Bronchia &c

Appearances in the dead body

On examinat^n after death we shall frequently find the Artery dilated on one side only, f^m that side being less supported by the surround^g parts, or f^m its being more exposed to the jet of blood Sometimes the Artery is equally dilated every way. The next thing observable is the thickness of the Coats of the artery, this circumstance shews that some additional matter assists the coats in forming the Aneurismal sac, probably the coats are entirely removed by absorpt^n & the Sac formed by the condensed cellular membrane. Ossifications are also met with on the external sides of the Artery

This disease possesses no powers of cure within itself. When the heart or Aorta is the

seat of the disease, all we can do is to attempt to prevent its rapid progress by means of rest, low diet & occasional V.S. to weaken the action of the heart, & thereby lessen the force of the distend.g power

When aneurism is in any of the extremities, some have used pressure with bandages to cure it, or to prevent its further increase. I have known it employed in a few instances but without success —

Aneurismal enlargem.t may occur in any part of the arterial system, but they occur most frequently in the bars forming

Popliteal Aneurism

There is little inconvenience at first, the skin is of its natural colour, the tumour small, & the pulsation very strong. In the progress of the disease, numbness & pain occur from the stretching of large nerves at run over the tumour, & edematous swelling below

for the compression of the Lymphatics

The operation employed by the older Surgeons for the cure of Aneurism consisted in cutting down to the Artery & tying it both above & below the Aneurism. & the tumour was then removed. Almost every one who was treated in this way died for hemorrhage. It was supposed in these cases that the hemorrhage occurred for the ligatures slipping off; but the fact was that the ligature being tied on unsound parts of the artery, of course it did not unite; the ligature cut it thro' in a short time, & then a fatal hemorrhage ensued. On acct of the bad consequences wt followed this operation, amputating the limb about half way between the knee & hip was next resorted to, & this was generally successful. Mr Hunter having observed that Aneurism is always caused by a diseased state of the Artery, & that amputation was successful, took the idea that the disease might be cured by taking up

the Artery on the hip just before it passes thro' the tendon of the triceps muscle — shortly after an opportunity occurred the performed the operation in this way with complete success, since at time it has often been performed, & is the method now in general use —

Operation. The instruments necessary to perform this Operat^n are a Tourniquet, a Scalpel, & a large blunt needle armed with a double ligature. The first thing to be done is to apply the Tourniquet loosely on the upper part of the thigh, that the hemorrhage f^m the small vessels at^d may be cut, may be easily commanded; or hemorrhage f^m the crural Artery itself sh^d that by any accident be cut.

The Patient must be laid on a table on his back — the object with the scalpel is to cut down upon the Artery just above the place where it passes thro' the tendon of the Triceps muscle. First lay bare the fibres of the Sartorius mus-

cle by an incision 4 inches in length, continue the incision dissecting round the under & inner edge of the Sartorius as the patient lies upon his back, otherwise the Surgeon will soon come to the bone above the Muscle wt circumstance has actually happened to some Surgeons of considerable standing. Seperate next the Cellular with the fingers, or with the ivory handle of the knife, to prevent dividing the small arteries, as the discharge of blood might embarrass the Operat"

As soon as the Sartorius is thus seperated from the parts below, the strong pulsation of the Artery leads you directly to it, turning the Sartorius aside divide then the tendinous fascia; it is best not to divide it immediately over the artery, as by so doing the artery may be cut, but on one side — Next pass the blunt needle under the Artery, & then in order to seperate it from the adjoining parts, push the needle upwards & downwards

then tie the ligatures & divide the vessel between. Be sure that you have the artery before you fasten the ligatures, it is sometimes very small. After the first ligature is passed round the artery, place yr hand on the Aneurismal tumour in the thigh, and feel if it stops the pulsation, & ascertain that you have the proper artery by alternately drawing the ligature tight & relaxing it. The ligatures are to be tied about an inch asunder, & to prevent them fm slipping off after the ligatures have been passed & tied, carry the needle with the ligature thro' the artery itself & within the knot, then tie again, this will effectually prevent its slipping off.

It is always proper to open the Aneurismal sac & scoop out all the Coagulated blood with a tea spoon, otherwise the tumefied parts pressing upon the small Anastomosing Arteries, will effectually prevent the Inferior parts fm being sup-

plied with blood. Opening the tumour may be done either before or after the operation; if before, the tourniquet being applied, the 2 ligatures must be passed round the Artery ready for tying, & then scoop away all the blood until the fresh arterial blood gushes out —

Sometimes only one ligature is put on the Artery & it is not divided, but in this case when inflam^n comes on, the tension of the Artery is very great — This is not so well as to divide the Artery between 2 ligatures

The sides of the wound are now brot into contact & retained by adhes: plaister. To keep the sides at the bottom of the wound in contact, apply a compress on each side. It is of much consequence that the wound heals by the first intention, otherwise profuse suppurat^n hectic &c will take place I have seen pus travel up & down the internal surface of the Sartorius thro' its

whole extent when by improper management the wound is permitted to suppurate. In 8 or 10 days the ligatures will seperate & may be removed.

The tumour, that is, the aneurism, is sometimes absorbed & carried away, but more frequently it suppurates breaks & discharges.

In true aneurism I have never witnessed Mortificat^n in consequence of the Operation, blood enough being carried by the small arteries to the foot to nourish it. But in false aneurism I have seen Gangrene in 2 instances after the operation probably for the small vessels being contused & thereby unable to transmit a sufficiency of blood. — In a case in the Hospital I operated with complete success in both limbs of a patient at different times

Varicose Aneurism

This generally occurs in the arm fm V.f. In this species of Aneurism, the blood passes directly fm the Artery into the veins. for a puncture exists in the coats of both immediately opposite to each other There are 3 kinds of varicose Aneurism fm V.f

I When the puncture thro' the vein is not opposite to that in the Artery, & the blood passes into the Cellular membrane

II The true varicose Aneurism Here blood passes directly out of the Artery into the vein — In this Aneurism the veins opposite & above the puncture are a little tumefied, upon applying the fingers over them, a peculiar thrilling sensation is perceived. — By pressure on the puncture the veins will empty, but instantly fill again when the pressure is removed — This variety is not in any degree dangerous, & requires no operat^n, the veins will

never burst, but these circumstances the Surgeon shd be acquainted with

III The 3d variety is a complication of the two former with an enlargement of the veins - Here the blood is first effused into the Cellular membrane or Sac, & is then discharged into the veins - Here there is a complete aneurismal sac formed by the intervening cellular membrane -

This species is rare, but unlike the first it always requires an Operation, as the sac might burst & form adhesion to the joint, & produce absorptn of the bone - In a case wh came under my observation I took up the Artery & vein both above & below the tumour (See Coe's Med. Museum) & dissected away the intervening portion with the cellular membrane - In the first instance you cannot be at a loss after what I have said on Popliteal Aneurism. - The Circulation is always continued by the other branches -

Amputations.

The loss of a limb is sometimes necessary for the preservation of life – It is sometimes dangerous – Mr Allison who was one of the greatest improvers of Amputations tells us that out of 46 – 16 died – 18 had a violent hemorrhage, 7 all violent fever – Some recovered with incurable ulcers

The ancients were accustomed to make an incision down to the bone saw thro' the bone & apply a red hot iron to the stump – to prevent hemorrhage – this wd – naturally produce very high inflamn & generally prove fatal to the unfortunate patient. – The introduction of ligatures & the doctrine of Ad: inflamn as delivered by Mr Hunter have greatly diminished the danger, the first rendering the Cautery unnecessary, & the last causing a cure in a few ~~days~~ hours before inflamn comes on. –

The operat^n th^d never be rashly concluded on, the Surgeon sh^d weigh well the importance of the loss of a limb, & decide accordingly

Causes requiring Amputation

1 Compound fractures have been supposed to render it necessary, but they are rarely so bad as to call for it, & we are to recollect that the most unpromising cases often terminate favourably. — If these injuries happen in warm weather especially, tetanus & mortification are frequently induced. — If compound fractures render it necessary, the parts must be so very lacerated & torn as to render it impossible for them to supply sufficient blood for the nourishment of the inferior extremities —

Hemorrhages in fractured bones where the arteries lie so deep as not to be taken up, are also supposed to be a cause. But as the saving of a limb is a considerable object, if no way else be successful, I w^d take up the femoral artery as in Popliteal Aneurism

it may give a chance. As we have said in compound fractures where the flesh is greatly disorganized, the Muscles much torn, & the cavities of the joints also largely torn (as in Gun Shot wounds) amputation is authorized —

2 Mortification is another cause supposed to authorize amputation for the purpose of producing a good stump — Mr Sharp, Pott & Bell all agree in forbidding amputation while mortification is progressing as it will appear in the stump — Generally there is nothing left for the Surgeon to do but to saw thro' the bone —

3d Diseases of the joints & white swelling, if it cannot be cured in any other way, call for amputation to prevent Hectic. If the Patient is labouring under the Hectic fever produced by the complaint, amputation is to be resorted to — In caries of the joints there is no hope of a cure — Mr Park has proposed to

cut out the joint. When there is only a caries of the bone without affecting the joint this is rarely necessary. You are not to be deterred fr performing the Operat^n by the debilitated state of the Patient, however low, if the Stomach be pretty good; for amputation in almost every instance puts a speedy stop to the Night sweats & other Hectic Symptoms, & the Patient soon recovers.

There are a variety of tumours wh also require amputation, particularly the Fungous Hematodes of Mr Hay. Cancers also & tumours in the extremities wh cannot be otherwise removed. There are also some cases of Ulcers wh refuse to heal, particularly in the extremities, when the bone is frequently in a Carious state that require amputation. State all the circumstances to the Patient, & let him or his friends take the responsibility

Amputation of the Fingers

This is seldom necessary, for in most cases of ulcers in the fingers, however bad they may be, & even when they are attended with a carious bone, they can generally be cured. Some have supposed that a compound fracture, or luxation of the thumb or fingers require amputation, but this is not the case – they must be reduced as near as possible to their natural situation, & then the best applicat^n is a bread & milk poultice – bandages & splints obstruct the circulation

When the extremities of the fingers are to be taken off it may be done at the 2^d joint – Feel for the joint & draw back the skin as much as possible, & a circular incision is to be made with a knife thro' the skin & adipose membrane above the joint; then pull up the skin & cut in the joint on one side; it is done in one minute; the arteries seldom bleed, but if they sh^d draw them out with

a Tenaculum & pass a thread around them, then cover the head of the bone with the integuments securing them by a strip of adhes: plaister & over this a plaister of Cerate as a bandage —

The toes are taken off in the same manner

Sometimes it is necessary to take the finger off at the first joint, or where it joins the metacarpal bones — here it is best to secure the arteries with a couple of ligatures —

Sometimes it is necessary to take off with the finger, a piece of the Metacarpal bones — Before proceeding to this operat^n a tourniquet is to be applied on the arm — the soft parts are then to be divided between the fingers on each side of the Metacarpal bone to be operated upon, as the bone is to be divided by a Metacarpal saw — the divided vessels are then to be secured with ligatures, & the hand to be passed laterally so as to bring the adjacent fingers into contact, & in some measure to fill

up the vacancy made by the extracted bone. Lint spread with simple Cerate is to be applied & a bandage passed round the whole

Amputation of the Thigh.—

Here the extent of the disease wh. requires amputation sh.d be examined, & the Operation performed above the line of distinction.—

Before the Operation have all things prepared — 1 A Convenient table, such as is used in the Operation of Lythotomy, covered with a Mattrass a blanket & a pillow

2d Four assistants, one on each side, one to manage the Tourniquet, & another to sponge the stump & apply the ligatures

Instruments —

1 A tourniquet, but before this is applied a compress is to be put on the Artery

2d Two large knives, as one is sometimes broken. Great care sh.d be taken that the knives

are as sharp as possible, to divide the integuments easy. & to prevent their being thrown into folds, & leaving a jagged wound —

3d — a piece of linen or leather slit, called a retractor —

4th A Saw. — It is necessary to examine the teeth, for instrument makers neglect to set them wide enough. & then the fairow is so narrow, as to choke the blade of the saw & prevent the Completion of the Operation. The teeth shd be wide enough to make a groove sufficient to clear the blade of the Saw

5 Good Sponges, warm water, needles ligatures, & a Tenaculum —

6th — A pair of bone nippers, that if any splinters of bone shd be left on the stump, they may be nipped off. — An hour before the Operation it is proper to give a dose of Laudanum —

The Patient must be laid on his back with his Buttocks so near the edge of the

table as is convenient, so that his lower extremities may hang over the end, each of his lower extremities may be supported by an assistant.

Before you apply the Tourniquet be certain that the two plates or pieces are in contact, & take care not to have the Buckle too near the side of the Tourniquet, as the string may be torn off — the buckle then shd be some distance from the side of the Tourniquet.

After you have applied the Compress & bandage on the artery, screw the tourniquet on the Compress — Place yr fingers on the Anterior tibial Artery on the foot & direct the assistant to screw the Tourniquet until the pulsation of the Artery ceases — All this it is necessary to attend to. It is proper to have two Tourniquets, as the strap is sometimes broken, an accident wh once happened to myself — One assistant is then to be on each side the Patient, one

holding the diseased & the other the sound limb, & one holding his fingers on the Tourniquet. — The assistant who holds the Tourniquet shd draw the skin up to render it tense, & make the knife cut easier. The older Surgeons used to tie a tape below the part where the incision was made, & it is said to guide them in the direction of the knife, but this was not so, it was only to render the Patient steady. It is however quite unnecessary, for the assistant drawing up the skin answers every purpose. An incision is then to be made with a knife thro' the skin & adipose membranes down to the muscles so far round the limb as you can conveniently reach. — Some writers say that you shd divide with one sweep the whole of the skin & fat, but it is only necessary to cut as much at first as

you conveniently can without putting yourself in an awkward position. Having made the incision so far, it is easy to divide the rest. With a scalpel you dissect up a little way about an inch dividing the integuments from the muscles. This is in order to have the soft parts to cover the stump with the old skin. Some advise the knife for this purpose, but it is too large. After these have been turned back the next incision is thro' the muscles down to the bone. In this incision the eye must precede the edge of the knife all round, or there wd be a risk of cutting the integuments again. Any portion of muscle wh may not have been completely cut you may then divide running the knife on the bare bone to the Periosteum. As soon as this is done, you apply the retractor on the whole of the lower part of the limb. 2 straps being fixed to the upper part wh by pulling guards the

soft parts from the action of the saw. After this you introduce the saw making long & steady strokes, for if you make short ones the saw will choke & you will find it difficult to get thro' the bone. Any specula of bone that remain after sawing thro' may now be taken off with the bone nippers. The retractor is now removed & the surface of the stump carefully sponged with warm water. The arteries are now to be looked for & pulled out with a Tenaculum, & secured by ligatures. The Femoral Artery should be tied by itself. When the artery is perfectly sound it is sufficient just to take it up with the Tenaculum & tie it; but in old people where it is crisp & ossified draw it out & apply the ligature so as to include the adjacent flesh. As to those convulsive twitches arising from injuries of nerves, it is altogether imaginary, for the effects are the same whether the artery is tied alone

or the flesh included with it. — After you have secured the principle artery search for others & take them up, sponging the stump completely, & carefully removing all little coagula as we often find wounded arteries under them. — Next loosen the tourniquet & see if there be any spirt or jet of blood. After carefully wiping away all little coagula of blood, cover the face of the stump with the integuments. — It frequently happens that after all the arteries are tied a hemorhage takes place for the veins being of a darker colour. — To tell whether it be venous or arterial blood remove the tourniquet and even the compress & bandage. — The integuments are next to be secured by strips of ad: plaister bringing the ligatures as much as possible out of the side of the wound. — Always put lint between the edges of the divided skin to prevent union by the first intention, for the internal

parts will not unite in the same way; & pus, serum or blood being deposited, will immediately cause an abscess. Ad: plaister is to be applied over the lint & drawn over the muscles & bone. Four strips of ad: plaister shd be used — over them a compress of soft linen or lint spread with mild cerate is to be applied to the stump — Pitch apply too, & then dressings secured by a roller. It is customary with some Surgeons to apply strips of linen over the stump, but this renders the dressings more complicated & is quite unnecessary. The bandage is to be carried over the hips so as to pin it at the upper part of the thigh or it will slip off. The Patient is then to be put to bed, a pillow put under the stump, & the bed clothes prevented from pressing by a hoop — The Tourniquet is to be applied loosely on the upper part of the thigh to be ready in case of a secondary hemorrhage — In 4 or

5 days the dressings may be taken off, & fresh ones applied —

Amputation below the Knee.

Sometimes the injury wch requires amputation is so low down as to render it discretionary with the Surgeon where to Operate. I always prefer the operation 4 or 5 inches below the knee joint, & below the insertion of the flexor muscles situated on the thigh. It has been a question of considerable interest whether the operation near the Patella or that near the ankle is the most advantageous. The advocates for the latter Opinion assert that when the patient is a man of fortune, an artificial foot & ankle will enable him to enter the ball room, the drawing room &c with very little disadvantage, having also an opportunity to omit the leg as may be most convenient. To this we answer that by bearing on the end of the

stump the cicatrixes wh are formed must be hurt; besides when the artificial foot is omitted, the long projection behind will be very inconvenient by striking against surround^g objects. When called to operate there, especially on the indigent, the operation 4 or 5 inches below the Patella is incontestibly the best, thereby obviating any ulceration & all the inconveniences attending the other mode. This was strikingly simplified in a Jailor who had the Operat^n performed near the ankle at the P. Hospital, & sometime after he was discharged returned & intreated that the stump might be shortened by a second Operat^n below the knee, alledging as his reasons that the long stump was much in his way & produced daily inconvenience by striking against things &c Nothing could persuade him fr his determinat^n of having it shortened, & accordingly he submitted to a

second operation near the Patella

The only additional instrument here is a sharp pointed knife shaped like a lancet sharp at both ends for dividing the soft parts between the bones. The retractor is also different in having 3 straps instead of two —

The Hair is first to be shaved off. An incision is then to be made thro' the integuments obliquely, so as to have a considerable portion of the integuments behind, to meet them on the anterior part (leaving more behind than before) to cover the stump — Commence yr incision then 2 inches below the place you mean to cut & obliquely — The integuments is to be dissected up with a Scalpel & then turned up out of the way. — The 2d incision is then to be made directly round the limb at right angles to the bone — then with the Cattlin divide the parts between the bones. The retractor is next to be applied to keep the flesh out of the way. — This has 3 straps

the middle one is to be passed down between the Tibia & Fibula. It is desirable that the Fibula shd be sawed first for if it were left till last, it wd be so loose that it wd splinter — the fibula is then to be sawed first, & for this purpose writers direct that the Surgeon shd stand on the inside, but this is of no consequence; I always find it most convenient to stand outside, & I think the position shd be that wh is most convenient to the Surgeon, for after sawing thro' the Fibula, it is easy to turn the saw round & saw thro' the Tibia. — The end of the Stump is next to be cleansed frm blood, the arteries taken up, & the integuments brot down & connected together. — The dressings are the same as for the thigh

On Stricture.

By the term Stricture is meant a diminution or total obstruction of the Cavity of the Urethra — they are of 2 kinds

1 The Permanent, &

2d The Spasmodic

they are frequently met with at the Bell of the Urethra — about 3 inches from the glans penis itself

In the Permanent stricture the flow of urine is gradually obstructed, so that at last it comes away gultatim that with straining & difficulty, dull & heavy pain in the Hypogastric region & back, & frequent desire to evacuate the bladder — the Symptoms very much resemble those of a Stone in the bladder. A Gleet often attends Stricture. that portion of the Urethra between the neck of the bladder & the Stricture is generally enlarged

& frequently do

the rest of the urethra is diminished.—
Intemperance in eating & drinking. Cold, violent exercise, immoderate venl. indulgence, & suddenly suppressed Gonorrhoeas are among the most frequent causes of Strictures.
The urethra is not the only seat of Strictures, they occur in the Prostatic Auditorius Internus, Oesophagus & Trachea.—

The Spasmodic Stricture is induced suddenly & is owing (as the term imports) to a spasm of a portion of the urethra. Intemperance & some of the causes above mentioned may induce this kind — all the exciting causes are not known. — The spasm is often very great, grasping the bougie so tight that a 2 lb weight might be suspended to it without loosing it from the urethra.— The bougies are frequently indented at the place of the strictures grasping so as to be very sensible.

The Permanent Stricture may be always removed by the careful use of Bougies

These shd be made of waxed linen tightly rolled up & polished by rubbing them on Marble or Mahogany. The end shd taper gradually to a point that it may enter the Stricture easily. Before introducing them they shd be well oiled & then passed as far into the obstruction as can be conveniently done. At the first time of using them they may be retained about 5 minutes, or until the Patient feels uneasy. Frequently great uneasiness with Cold Sweats & sickness are induced; but these Symptoms wear off as soon as the bougie is removed. The next time they must be continued for a longer period, & so on, retaining them longer & longer at each successive time of their application. A larger one may also be used at each time. When the Bougie cannot be passed thro' the Stricture, it may be gently pushed against it for some time every day. If the Stricture winds round the Canal, or is only on one side, the bougie must be bent so as to be adapted as nearly as possible to the

flexure of the Urethra. When there is a fistulous opening into the Perineum the Stricture may be removed by Caustic or the Lancet. If caustic be used it must be cut into a small roll & fixed by winding thread round it to the end of a common Bougie. Dr. Physick fixes a small cap of waxed linen secured by 2 threads on the piece of Caustic to prevent it from injuring the sides of the Urethra in its introduction. When the bougie is passed to the Stricture the cap may be withdrawn by the threads, when the caustic will be in contact with the obstruction. By the use of this cap the Caustic may be made sharp at the point so as to enter some way into the Stricture, & by this sooner effect a cure. A Bougie must be worn some time to prevent the parts from coalescing.

The Stricture may be removed by the Lancet with perfect safety for if the incision is made

in the proper direction it soon heals, as no urine can insinuate itself into the wound. It is necessary that a lancet be concealed in a Canula (either a strait or a crooked one may be employed) wh. must be well oiled before it is introduced into the urethra. After it is pushed up to the stricture, the lancet may be pushed out of the Canula thro' the stricture

In the Spasmodic stricture, the Bougie must not be used, as it is generally injurious. The follow.g remedies may be tried —

1 The warm Bath

2.d Injections of Tobacco decoction

3.d Bleeding

4 Cathartics

5 All the exciting causes must be carefully avoided

Suppression of Urine

This is always accompanied with great pain in the bladder & abdomen. The following causes frequently produce a suppression

1 Tumours

2 Abscesses in the neighbourhood of the anus

3 A stone falling into the neck of the bladder

4 Calculi in the urethra – these may be extracted by the Spring Forceps mentioned when treating of Lythotomy; by a Scooped probe; or by cutting down to the Stone with a Scalpel. –

5 Spasmodic contraction of the neck of the bladder

6 Swelling of the Prostrate gland

7 Spasms occurring after the removal of a Stricture by the Lancet or Caustic. Force must never be used to pass the Bougie

The Remedies are

1 Bleeding. this is often necessary. It may be carried to a great extent even ad deli-

quiem animi —

2d The Catheter may be employed. The French Flexible ones are the best — They are made of an elastic substance & may be retained in the Urethra for 10 or 12 days without detriment to the patient. When we are called in haste & a catheter cannot be procured, a tolerable one may be made by covering the wire of a Suspender with waxed linen, it is a good substitute

3 Clysters of Tobacco or any other Material

4 Cathartics

5 Emetics have lately been highly recommended

6 Tinctura Ferri Muriat

7 Warm bath until the patient feels faintly —

8 Opium, either by the mouth or Vs anum

9 Rubbing the parts with Bol: liniment has been used, but with little success

10 Blisters

11 Dipping the Penis in a basin of Cold water.

12 Infusion of Tobacco, or the smoke injected up the Rectum – The Pulse shd be carefully attended to, & if V.S. be indicated it shd be freely used. The Bougie can be frequently passed when the Catheter cannot; in this case a Bougie point must be fastened on the Catheter, & secured by 2 threads & then passed into the Bladder; it may then be extracted by the strings wh shd always be long enough to hang out of the Urethra. – If these means fail the lancet guarded as above directed must be employed.

Sometimes the Urethra is entirely closed thro' its whole extent, it then becomes necessary to puncture the bladder – this may be done in 3 ways. –

1 When it is much distended with urine it may be safely punctured above the Os Pubis This must not be done unless the bladder is greatly distended, for we shd run a risk of

piercing the Peritoneum, & letting the urine into the abdomen —

2d From the Rectum. The finger well lubricated must be introduced up beyond the prostrate gland about an inch. Then with the finger serving as a Director, puncture the Raphe with a Crooked Trocher, taking care to avoid the Vas Deferens & the adjacent parts A Female or flexible Catheter must be introduced & suffered to remain 24 or 36 hours. The urine does not flow constantly from the bladder only when it is distended

III. By cutting down along the Raphe as in Lythotomy, the finger must serve as a director to the puncturing instrument

4 The French Surgeons sometimes operated as in Lythotomy using a Director & Trocher This is safer than the last —

In puncturing the bladder from the Perineum, an incision must be made as in Lythotomy, & the bladder punctured a little above

to the left side of the prostrate gland.

In women the bladder may be punctured from the Vagina, the finger must here serve as a director, & the puncture made so as to avoid the Ureters. The Canula may be left in the wound as long as the cause of suppression exists.

Strictures may take place in the Oesophagus, they may be relieved by a large bougie made of the same materials as the common ones.

On Syphilis.

The venr is a disease wh frequently occurs especially in large Cities where the population is greater & vice assumes a more extensive sway. — It comes under the province of Surgery. — When it first originated is a point much disputed by Physicians. Some suppose that it originated in Europe, & others again say that it was first produced in Hispaniola. Be this as it may, the first act we ever had of it was after the return of Columbus from Hispaniola in the 15th Century. — As the Surgeons of that time were not well acquainted with the nature of the disease & the proper remedies to cure it, its rage was almost unlimited throughout Europe; its appearance very formidable, & it was considered as a most destructive pestilence

There are hardly any symptoms in the whole Catalogue of diseases wh are not

common to & attendant on the Venl disease.

It is a poison seated in the Genital Organs commonly communicated by sexual connection, & attended with inflamn. There are no instances of its being communicated by vapour as in Si Pox & other similar diseases

Its symptoms are Gonorrhoea & Chancre, to wh some add Bubo. It is however most extensively disputed whether these 2 diseases proceed fr the same specific affection. Those who deny it, oppose the doctrine with the three followg observations, the fallacy of wh I shall take some pains to demonstrate. They say

I That the poison of Gonorrhoea never produces Chancre, & that that of Chancre will never bring on Gonorrhoea —

II That the Lues Venerea is never the consequence of Gonorrhoea —

III That Mercury is not necessary in Gonorrhoea, but indispensible in Chancre & Lues Venerea

I shall now examine the first Patent—

Gonorrhoea is in many instances contracted & runs its course without much inconvenience when unattended with Cordee. It oftener exists frequently without their knowing it, & in them the seat of the disease is in the Vagina. — Mr Bell says it was not known in S^th America at the time Captn Cook was there; but Mr King who was the companion of Cook declares that he saw the matter of Gonorrhoea dropping from the Urethra of the Native Males. — Mr Hunter relates several cases where Gonorrhoea excited Chancre. But in opposition to these remarks, Crumpe asserts that he inserted the matter of Gonorrhoea into the arm without producing any bad consequences, or inducing Chancre — but we might object to Crumpe's experiments by observing that the arm is no seat of the disease, & that in order to have given it a fair trial, he sh^d have inserted it into

the prepuce or Glans Penis; but this he also appreses as was done, & with the same result as in the arm. If Chancres however were not here induced from the matter of Gonorrhoea, it was doubtless because the matter was diluted & contaminated beyond the power of producing Chancre, or exerting any active effects, for from the experiments of Mr Hunter wch shall be forthwith detailed, the matter is placed beyond doubt that Chancre may be produced by Gonorrhoea

Persons differ in their susceptibility of contracting this disease, & in some who are susceptible of Lues Venerea - Gonorrhoea is not easily contracted. - When there is an enormous discharge, it is owing to the dilution of the Vend Virus. - Hunters experiments proved too much, for they proved that Gonorrhoea was not the consequence of Chancre & that the experiments that could not excite Gonorrhoea wd not excite Chancre

VII^d. The second argument is "that Lues venerea is never the consequence of Gonorrhoea But this will by no means hold good in every case as is fully proved by Mr J Hunter & others. Mr Hunter observes that a Gent^n twice contracted Gonorrhoea & was cured without Merc^y; about 6 weeks after venl Blotches appeared on the skin, & venl sore throat also made its appearance, w^h all yielded to Mercury —

Mr Hunter made an experiment w^h proves indubitably that L. Venerea may be the consequence of Gonorrhoea. Two punctures were made one on the Prepuce & the other on the Glans Penis with a lancet, & gonorrhoea matter inserted into them. An Itching & slight redness appeared at first w^h was followed by a moisture about the parts more than common. The punctures increased in redness & a small speck appeared. On the 19th day the specks increased & discharged matter

A pouting now took place on the lips of the urethra & pain attended the evacuat^n of urine. It was now touched with Caustic & the Slough sloughed off. — A second Slough appeared & was taken off in the same manner, while the sores remained & increased on the prepuce & glands. A swelling of the groin was also observed, & as Mr Hunter was of opinion that the best method of curing Bubos was by rubbing in merc^y on the thighs, he here had an opportunity of trying, & did make the experiment w^h succeeded. But 2 months after the Bubo was cured, a slight affection of the tonsils was perceptible, & copper coloured blotches appeared on the skin, all w^h was effectually cured after a stand^g of 3 years.

In noting this experiment of Mr Hun=

ter; Mr Howard observes that it ought to have been mentioned whether there was or was not any virus in the constitution of the person on whom the experiment was made, adding that in a matter of so much importance none shd have existed – but Howard did not know that Hunter experimented on himself, & that being a married man it is reasonably inferred that no virus existed in his constitution. Besides this Mr Hunter was much interested in the experiment, as evidently appears from his having laboured 3 yrs to establish the point; it is therefore evident that he must have placed every thing on a fair footing. We find in this experimt every symptom of Lues Venerea induced by the matter of Gonorrhoea except such as required years to bring forth

III The third argument is that mer-

cury is not necessary in Gonorrhoea, that it is indispensable in Chancre, Lues Venerea &c. There is fallacy also in this. Dr Cox has related in his Med. Museum a case of Chancre 6 months after Gonorrhoea was cured; & a case of Gonorrhoea 6 months after the Chancre. Dr Swediaur has advanced one very curious opinion, he wishes to establish the Opinion of 2 species of Gonorrhoea one attended with ulceration & the other not; & that the former is the one wh does require Mercury. This is entirely unsatisfactory. Gonorrhoea & ulceration are distinct things, & I can go farther than Swediaur, for gonorrhoea without ulceration is still a venl disease, & sometimes requires Merc. for its cure.

Gonorrhoea & Chancre therefore depend upon the same specific affection. Hunter has observed that Nature has divided the body into secreting & non secreting parts; that is the nose, eyes, anus &c are secreting

the skin, head, Penis, Pudenda &c are non secreting. When a secreting surface is irritated the secretion is increased — therefore when the urethra is irritated an increase of secretion takes place. To produce Chancre the matter must be applied to a non secreting part as in wounds of the skin &c But it may be asked if Mr Hunters reasoning be true why does not Gonorrhoa excite Chancre, & Chancre Gonorrhoa? this is sometimes actually the case

Of Gonorrhoa. — This term implies, a discharge of matter from the urethra by the applicatn of a morbid poison. In men the urethra is the common seat, but it may also attack the prepuce & glans penis. — In women the Vagina is generally the affected part, & also the Labia — The discharge supervenes at different intervals after the disease is contracted; in some in-

stances the interval is only 3 days between contraction & discharge, at others a whole month elapses — Mr Bell speaks of a Sailor who contracted it from a Prostitute & immediately went to sea, returned, & did not discover any discharge before the 50th day after his connection with her. The running however most commonly occured from the 3d to the 8th day. Sometimes it comes on very early & mild, & at others severe & late — there is therefore no foundation in the assertion that the sooner it happens the more mild will it turn out. It was formerly supposed that Gonorrhoea depended on ulceration & excited matter, but Morgagni & others have proved that matter may exist without ulceration — Chancres do however sometimes exist in the urethra, but then independant of Gonorrhoea

It is difficult to tell between Vent-

Gonorrhoea that wh proceeds from Coition without the presence of poison, & often unnecessarily alarms the Patient. Swiedaur induced Gonorrhoea by a strong solution of Caustic Alkali being injected — Gout has also induced a running, & Mr Hunter affirms that he knew the urethra to sympathize with the cutting of a tooth in an adult. — When however the running is induced from venl poison, we may in some instances be able to determine from the nature of the Connection, that is by inquiring of the Patient whether he has exposed himself to contact it —

The symptoms are itching & redness, inflamn & small discharges. pain of a scalding kind is now perceptible at the end of the urethra wh is aggravated by the discharge of urine. a sense of fulness & tension is felt along the penis — the water is evacu

A

ated in a small stream, excoriation sometimes supervene around the glans. The urethra is sometimes considerably hardened & small abscesses form, and sometimes hemorrhage attends. During the continuance of these symptoms, the penis is generally contracting until it forms chordee. The discharge varies in colour, whitish, greenish, & bloody. The testicles sympathizes & feels sore — the glands of the groin may inflame & swell.

Sometimes the disease only extends an inch or two up the urethra, but at others it may make its way as high up as the prostrate gland & neck of the bladder.

This is a list of the symptoms attending gonorrhoea, but it is a very rare thing to find them all combined in any one instance.

The disease always commences in the glands & seems to be contaminated upwards by sympathy. In some instances the testicle becomes inflamed & considerably swelled, but

it is not always that both testicles are in this condition, for sometimes only one is affected.

In women the symptoms are much milder, in many instances the discharge is whitish & resembling Leucorrhoea, unattended with any pain or inflam^n of consequence. It is often so mild that they are ignorant of its existence. The Ovaria Clitoris, Labia & Uterus sometimes sympathize.

Cure. — Those who consult us are always anxious for a speedy cure, & it is of some importance to them to know previously whether that can be expected, or whether the running will be of long standing. But it is by no means in our power to determine this with any safety. — We are occasionally enabled to make a cure in 3 or 4 weeks & sometimes sooner, but at other times the cure is protracted much longer. When the disease exists in the Orifice of the Urethra

only, it may be cured in 3 weeks, but when the urethra is affected higher up the prostrate gland also contaminated, it resists our remedies for a longer time. In strong athletic people it continues longer than in others. It is well to know the circumstances that may or may not probably warrant a speedy cure to prevent disappointment to the Patient if the cure shd be protracted

The object in attempting to cure Gonorrhoea is to give such Med: as will counteract the inflamy action & remove the poison. We often find the disease to cure itself spontaneously & render the use of Mercy useless. In simple or common Clap, mercu does not always prove effectual in curing it, for we find Gonorrhoea still existing in persons who have used Mercu for Lues Venerea. Different Physicians prescribe different remedies here, nd I will not detain you by enumerating; but some supposing it to exist fm acrimony

have used demulcent med: - Some suppose that the disease exists fr the presence of morbid matter & have prescribed purges &c Others suppose relaxation to be the cause & have recommended Bark & other Tonics -

In the early stage of Gonorrhoea when the disease runs high, evacuating remedies must be adhered to & carried as far as we can. Phlebotomy is also sometimes of use but not in every instance. The best laxatives are Calomel & Glaub: Salts; & an entire abstinence fr Spirituous liquors must be strictly enjoined This is when inflamn runs high, but when there is no danger fr its violence, evacuations may be dispensed with, & the diet may not be strictly regulated - Spirits & liquors of that description are in either case to be avoided - Moderate exercise may be allowed & will be beneficial -

When the symptoms are extremely violent & occurring in irritable dispositions

we must resort to a liberal use of the lancet. In addition to these depleting remedies, we may add demulcents, but to be useful they sh^d be taken in large quantities - Barley water flaxseed tea Molasses & water &c are all very good. Diuretics have often been given with advantage, such as Nitre & Turpentine to produce an increase of urine. But as they are irritants they sh^d be avoided in the early stage - Black rosin powdered & mixed with Molasses answers equally as well as the Balsam. When the Bals: Copaiva is used, it sh^d be exhibited in about 20 or 30 gtts at a time - Alum & Galls & the warm bath have also been used but not with much advantage

<u>The Local Remedies</u> for Gonorrhoea are various injections. There have been opposed for the supposition that the disease could cure itself by the interposition of general remedies, thó this has sometimes

been the case yet we sh^d rather resort to than avoid them, for experience teaches us that they are certainly useful. —

The opinion that when Gonorrhœa is soon checked, the poison will attack the System & fall upon the Testicles, is ill founded & incorrect, altho' a sudden stop of the discharge of matter by too irritating astringents, might produce Swelled Testicles

The injections as I before said are various & to enumerate them individually w^d employ too much of y^r time unnecessarily — I shall therefore mention only such as are evidently preferable, & y^m w^l you may select such as will best suit circumstances

In the early stage of the disease it is the Practice of some Physicians to commence immediately with astringent injections, while others apprehend that the running sh^d not be interrupted till laudable matter is formed, & until that takes place

mild oils & mucilage shd be used. Both of these positions have had very respectable advocates; but it has been my practice as soon as the Patient consults me to ascertain whether any inflamy symptoms exist — When the glans penis are red & polished, the orifice swelled & ardor urinæ takes place — but when the membrane only of the urethra is affected, & that extending but a short distance up, I order abstinence from liquors, advise the exhibition of Calomel or rhubarb, & begin with mild injections the most common of wh is

℞ Vitr: Alb: — grs viij
Sacch Sat: — grs v
Aq Font: — ℥ viij M ⅊

A syringe full to be injected 5 or 6 times in the day. As to the temperature of the injection little attention need be paid to it

except in extreme cold weather, when it must be warm, or spasms may be produced & the injection thrown out. Very little exercise must be allowed, & if inflam^n increases, resort to the lancet & low diet. If the discharge does not cease, or diminish considerably in due time we must increase the strength of the injection, but this must be done cautiously & gradually or swelled testicles may be induced. The solution of Alum & Galls have in such instances been used with considerable advantage. also corros: sublim: in solution in the proportion of 1 ℈ of Sub: to ℥viij of water. This is to be used 6 or 8 times a day, the oftener the better. In those cases wh^n fm^r neglect or any other cause the disease extends along the urethra, the symptoms become more painful & severe. The pain & becomes more violent & the former is much increased du-

ring the discharge of urine. The matter becomes of a greenish colour, the urethra feels hard & knotty, & Cowpers glands inflame & suppurate. All these have more than once been produced fm very astringent injections — a deviation fm the advice of the Physician, & the use of spirituous liquors, too generous diet, violent exercise &c. From whatever cause excitement arises, leeches & Phlebotomy must be resorted to, & the antiphlogistic plan strenuously put in force. Mucilaginous & Olive Oil injections are also beneficial, & if the Chordee be violent, give Opium at night to relieve pain, & if the bladder be affected demulcent injections will be of service. In severe Gonorrhœa both Dr Physick & myself have found much benefit fm the follow injection

℞ Calomel ʒi vel ij
G Arabic — ℥ij
L Laud: — ℥ij
Aq: Font: — ℥vj or viij —

Wt I inject 6 or 8 times a day & if it excite irritat^n add more water

When the irritability of the Urethra becomes extreme, the pain is very distressing Tenesmus comes on, & the urine is discharged in small quantities, with a frequent desire to discharge it. The bladder contains a large portion of Mucus, & when the mucus is discharged considerable weakness ensues, & in some instances Hectic & Death Irritation of the Bladder is the only state of Gonorrhoea wh has produced death — Hemorrhage f^m the Urethra has cured it — Mr Hoare mentions 2 cases —

One of the occasional Symptoms of Gonorrhoea & wh frequently happens is Swelled Testicle f^m the sudden stop of the discharge, & if there is any reason to suppose that this is produced by the injection it shd be laid aside. A sense of dull pain & tension is the forerunner of swelled Testicle. I wd shd

try to prevent its occurence by placing the patient immediately in bed. & if this be not convenient let him wear a suspensory bag to support the testicles — Bleeding & leeches & afterwards blisters are also efficacious — Emetics have been found useful, Dr Hunter says in his own practice he found them very effectual. Opium is admissable to relieve pain. Some use Merc^l Ointm^t to the parts; but I have never found any benefit from it & have now laid it aside. After the removal of the Swelling the Epidermis remains indurated. for the removal of which Mercl fictions must be used — Some writers assert that the Epidermis is the seat of the disease, but this is not the case as the whole Testicle is affected. Sometimes swelled Testicle comes on even while the discharge continues, but most frequently when it is stopt suddenly. The introduc

tion of Lozenges & olive Oil have been used to excite a retention of the discharge, & even Vent-matter, but this is a dangerous practice

The Lymphatics of the Testicles are sometimes swollen, the Spermatic cord is often sore & tender, the veins are enlarged & varicose, & nausea & vomiting often attends, all of which disappear when we have removed the inflam^n of the Testicle

Chordee is a very painful Symptom of Gonorrhoea to relieve which 30 or 40 drops of Laud: sh^d be taken at bed time, or the Penis immersed in cold water

Hemorrhage sometimes occurs & 3 or 4 ℔ of blood have been actually discharged as Bell relates — Rest in these cases is the best remedy, low diet, Bals Copaiva as an astringent, & Q: Kino & an injection of a Solution of Alum have all been used with much advantage.

When the discharge is so great as

to endanger the life of the Patient, the introduction of a large Bougie by compression on the sides of the Urethra stops it in men

The Remedies for women afflicted with this disease sometimes differ — The symptoms with them are much milder — It is so similar to Fluor albus that it is difficult to make a distinction, & the only proof that females have of their being infected is their communicating it to Males who have connection with them. — The discharge is from the Vagina & sometimes the Urethra. — Astringents much stronger than can be used with men produce no bad consequences in females — Cleanliness is of the utmost consequence, for without it ulceration might take place

It is a difficult thing to know when the disease is cured — Patients are apt to believe the disease at an end when the discharge has ceased, but this often proves not to be correct

When our Remedies have been success

ful the Symptoms grow milder & soon disappear, the pain is now less & resembles an itching. The tenderness of the Testes & Spermatic Cord & soreness acrs the loins are all removed & instead of a cream coloured discharge there is a transparent white viscid fluid. very often when we suppose the Patient cured it returns with greater violence, & more frequently in women than in Men. Return in this manner it forms gleet

Of Gleet

Whether the Gonorrhoea was cured by the remedies we have mentioned, or whether we leave it to pursue its own course, it sometimes terminates in gleet. This is a preternatural discharge frm the Urethra in Men & the Vagina in women without pain. It has been supposed to be an evacuation of semen, but this is not the case. It is an increased secretion frm the Urethra. Many attempts have

have been made to establish a line of distinction between Gonorrhoea & Gleet. Dr Heberden considers Gonorrhoea applicable to the running in its active stage, & Gleet after that is removed being a disease of atony.

Gleet appears to me to be a habit of action taken on by the urethra, being the consequence of Gonorrhoea & not comes on after that disease has disappeared. Strictures or a disease of the Prostrate gland produces it & proves it to be a discharge of habit.

The Remedies for Gleet are both Constitutional & local. Stimulants are always useful. The use of liquors & generous diet are both admissable. Turpentine & Balsam Copaiva have often been used with advantage & should be given in doses of 5 drops of the former or 3j of black rosin in the course of the day. Cold water & Tinct Cantharides is one of the most active remedies we can make use of. As its exhibition however is sometimes fre

carious, it must be used with great caution, usually commencing with 6 or 8 drops twice in the course of the day; afterwards 10 or 12 may be used. If the discharge becomes gradually thicker it proves that inflam^n has taken place; but if this does not appear after due time increase the remedies, and or Urine must be excited

<u>The Local remedies</u> are Bougies & injections. When stricture is the cause, Bougies must be used, & in ~~common~~ chronic cases strictures are commonly the cause. If Bougies, in the way they are commonly made, do not succeed, we must use caustic bougies

Of Chancre

Chancres are those ulcers formed in consequence of the applicat^n of Venl poison to non secreting parts. The usual seat for these ulcers are the genital Organs, because they are usually first applied there. There are instances of the same matter or morbid poison producing Chancre, Gonor-

rhoea &c — and we have one act of 3 persons having connected with one woman, one of wh contracted Gonorrhoea, a second Chancre & the 3d escaped contamination. When the prepuce is short it is less liable to contract Chancre because it does not afford so many folds & consequent receptacles for matter as a long one; therefore the jews are seldom contaminated with this disease. — Persons having been once affected with this disease are more liable to it than others in consequence of a tenderness of the Cicatrices, tho' they occur most frequently on the Genital parts, yet other parts of the body are not excluded, for they have appeared on the lips, & on the tets of women. With men the most usual situation is on the Glans Penis, prepuce, & most frequently the Angles of the Frenum. In women the Labia, Nymphæ Pudenda &c

The period wh elapses after contaminat^n & exposition are various — It is usually however longer than Gonorrhoea — The situation likewise renders its appearance varying. In the pe=

mum it is easily exposed, but takes a longer time on the head, prepuce & glans Penis. The frenum is generally first attacked, then the glans, & lastly the skin of the Penis itself

Chancres may sometimes make their appearance in 48 hours, & sometimes not before 3, 4 or 5 weeks — Mr Hunter mentions the case of a young man being contaminated with Chancre 5 weeks before exposition took place, & an officer marching 100 miles after connection with a woman before the disease appeared

The number of ulcers vary extremely, sometimes there is only one, at others 20 & more.

If it be on the head of the Penis it commences with a small pimple without much pain, & if on the frenum more pain & the inflam^n increases — Chancres however form in various ways, but in all cases there is a thickening & hardness of the parts, & in the centre of the Ulcer there is generally an excavation. If on the frenum a hole is formed thro', & if on

the skin or gland it spreads & from the evaporation of matter a scab is formed. In some instances where the inflam.n spreads Phymosis & Paraphymosis are formed

The discharge from Chancre varies also in colour quality & consistence. Sometimes it is yellow at others greenish & extremely fœtid — Venal Chancres are in some instances peculiar, & may be distinguished but not always. Sloughs sometimes form on the ulcer greatly enlarging their extent. & sometimes hemorrhage attends them. Chancres are by no means disposed to spread rapidly except in particular instances, when they extend astonishingly, insomuch that the prepuce has been taken off in 48 hours

Phymosis & Paraphymosis are symptoms more frequently attendant on Chancre than Gonorrhœa. — It wd seem that the prepuce is

extremely liable to an Erysipelatous Inflam.
Phymosis consists of a thickening & enlarging of the prepuce, & Paraphymosis of a contraction of the prepuce around the glans & even over the head of the Penis. In some instances the Aperture is almost closed & the prepuce 3 inches over the head. Phymosis terminates sometimes in abscesses, whose Parieties are the glands & prepuce. It is then impossible to bring the Chancres into view, ulceration commences, & an aperture forms thro' the skin, out of wh. the Penis appears.

Cure the Cure of Chancres is to be conducted by the interposition of Medicine like Gonorrhoea they never cure spontaneously. One of the most important objects in view as it respects the cure is to prevent contamination throughout the System, wh. is only to be done by Merc.y. It is much questioned whether we shd. trust alone

to internal remedies, & not to mind local applications. It is however doubtless that Chancres have been cured either way. Caustics & various Escharotics have succeeded. On the other hand the cure can be effected by constitutional remedies: but this is generally slow. There is one advantage however in this, that when the cure is thereby effected we can conclude with safety that the disease is eradicated from the System, whereas by a cure from local remedies alone it may yet be latent in the Constitution. Both methods combined are therefore very warrantable, & should always be used, for when we combine both methods we make a complete cure, except that we are sometimes at a loss to know whether the Constitution is or is not rid of the disease; but this experience must teach us

Caustic is by far the best remedy for the extirpation of these ulcers. It is much less painful than is commonly imagined, & we have it in our power with this to de-

stroy the morbid parts only without destroying any others. It should be scraped to a point so as to enable us to touch the diseased parts only, & also the most minute parts of the ulcer — After the first slough it should be repeated & continued until a red healthy granulating sore remains, after wh the parts are washed clean, & dressed with nothing but lint spread with Mild Cerate. If we use dry lint much inconvenience will arise from the threads, the granulations will be disturbed, & every new dressing will cause more or less hemorrhage. When the ulcers are extremely large, Caustic alkali must be used instead of Lunar caustic — in most instances this will effect a cure. The application however may destroy the ulcers without producing an effectual cure.

Mr Hunter recommends that whenever Mercl applications are used, they shd be made with mucilage. The Ointmt in

some instances does good but in others not; in the latter case they shd be laid aside

Chancre is not always healed by Caustic, we are then to use more Stimulating remedies as red precipitate with simple Cerate, Merc. Ointment solution of Corros: sub: &c. These are also used when caustic cannot be well applied —

Phymosis renders the treatment of chancre very difficult whether it be congenital or induced — In these instances the Penis is to be held up towards the Navel — If Chancres be under the prepuce we shd inject a Solution of Corros: sub: in the proportion of ℥j to ℥j of water; less of the latter or more of the former will not excite sloughing. When this is not borne, Calomel & Gr. Arabic may be injected, & opium added to relieve pain — If no success follows, lay every thing aside until Phymosis is conquered, & to effect this, a poultice may be applied, or leeches, with a strict regard to cleanliness —

When these are also unsuccessful we must Operate. The knife wh Dr Physick recommends

in Fistula in Ano is here very proper. If it be so situated as not to allow the knife to pass under, we must dissect carefully from the outside with a Scalpel; commonly the swelling then goes off in a few days & we are enabled to use our remedies. But if the patient object to the operation, ulceration will come on & effect what the Surgeon wished. In some instances it happens that the 2 surfaces of the Prepuce & glans grow together in consequence of granulation. & in that case it must be dissected away. — The Operation for Paraphymosis is done in the same manner, but it will be found more difficult than Phymosis.

To prevent Lues Venerea we ought always use Merc^y however small the pimple may be at first. When it is small we may begin with Calomel. Blue pills also answer well & phosphate of Merc^y from being more expeditious; but I have used it & found it not much advantage over Calomel.

x inside of

For various other operations that are have been used in this disease I advise you to consult Swediaur

We may also use Merc. Ointmt. ℥ss every night rubbed into the thighs for ½ an hour We are always to continue with the Merc. for a while after the cure is established. Salivation is the only objection that Patients have to the use of Merc. if therefore we could find a lucky medium & keep the system in control without inducing salivation it wd be a desirable thing. The moment, if in spite of our efforts a salivation comes on, we may stop the exhibition of Merc. (for it is always best to be on the safe side) & recur to it some time after. When Chancres are healthy they resemble ulcers of other kinds, evincing a disposition to granulate, but this shd not induce us to stop the exhibition of Merc. for it is always best to be on the safe side, & continue with it until an effectual cure is promoted.

It is now the practice of the best Surgeons in London when the effects of Mercury are too severe to recommend riding out in the air to lessen the Salivation, so that the temperature is of little consequence.

When Gangrene comes on in the prepuce, hemorrhage generally follows & we shd Counteract it by the use of Tonics - Mercry shd be laid aside until the mortificat^n is cured.

Chancres sometimes form on the lips of the glans. When caustic is to be used.

The treatmt in women is the same as in men. In some instances Erysipelatous swelling occurs in the Labia similar to Phymosis in men. But this is cured by poultices or lotions of white vitriol. When the ulcers extend high up in the Vagina, we shd introduce lint that the sides may not unite

Venr Warts - are the consequence of Chancre, but I have known them to arise from Gonorrhea - They are commonly vascular, When situated on certain parts are liable to much irritation. They bleed copiously but contain however no Venr Matter, & do not require Mercy

In some instances warts occur on the thighs of women on the inside wh in walking are rubbed & produce much pain & inconvenience - They shd be removed by caustic or a ligature of silk passed round them at the basis & taken off - after wh it will be necessary to touch with caustic to prevent their rising: & we must not be afraid of going too deep -

They may be extirpated with a Scalpel, with Blue vitriol, red precipitate, Lapis Styptica - Button of Antimony &c but the best method is to tie them with a silk string

Of Buboe

Venl Buboes are those swellings of the Lymphatic glands occasioned by the absorptn of Venl matter, whether those absorptions are Lymphatic I will not attempt to decide. Buboes occur in various situations, wherever there is ~~a~~ Lymphatic glands the affection may exist. Venl disease may exist without the presence of Buboe; & on the other hand, buboe may appear without the existence of Chancre or Gonorrhoea. Of this Bell records more than 10 instances, & I have seen some myself. Dr Adams on Morbid poisons asserts that Buboe is by no means a primary symptom of Venl disease, he treats them always as sympathetic inflamn. Gonorrhoea has often excited buboe in the groins. The Venl Buboe is however different from others, by afordg matter during suppuration wh is contagious; for Surgeons have been contaminated while openg venl buboes. Commonly when a Chancre

exists on the Penis & produces bubo it is formed in the groin on the same side as the Chancre But for the Anastamosis of the Lymphatics it may be carried to the opposite side. When the Chancre is on the Scrotum there is no telling on wh side the Bubo will form

Bubo generally commences with pain & a small tender tumour in one of the groins, the matter of wh sometimes increases very fast. The glands become hard & painful, they are rapid in their progress, first they are circumscribed & moveable under the skin, but as they increase they become less so, & at length cannot be moved; the colour of the skin is remarkably florid

Cure. – In the cure of Bubo we are not to suppose that at first it is only a local disease because we can't tell how soon the constitution will be affected; we are not therefore to trust to local remedies alone. Resolut^n must be attempted by all the remedies for inflam^n – & in addition to them Merc^y – The ung: sh^d be well rubbed

in. The quantity of Merc: necessary to cure varies in different cases. When there is a Bubo on each groin we cannot reduce them without some salivat^n. For we cannot rub in on both for fear of exciting too high inflam^n we sh^d apply leeches, & when they fall off Blisters, w^h may be applied 3 or 4 times if necessary. Gentle Cathartics & low diet sh^d be continued during the time that the Mercurial unct^n is used.

When Chancre exists after Buboes Merc: must be applied to that part. When the Ven^l action is subdued we may desist from the Merc^y. But when the Bubo heals up suddenly, we sh^d not be too credulous, but continue the Merc^y for 3 or 4 weeks. The tumour may remain in the skin a long time after but this sh^d not give us any uneasiness & there will be no reason for continuing merc^y.

Buboes do not always yield to our re-

medies, but obstinately resist them & go on to suppurate like an abscess, when they must be opened. For this purpose Caustic & the lancet are used.

When the tumour is small, the lancet is far preferable, as it heals sooner, & does not irritate like Caustic. When they are large I believe caustic is best, & Lapis Infernalis the most effectual, wch must be rubbed over the tumour until the skin is discoloured. In all instances whether by lancet or by Caustic, a free open.g must be made. After the pus is evacuated, poultices must be first applied, & afterwards the applications we mentioned in Chancre. The sores wch are left after Bubo are very obstinate. but this is no proof that the vent. virus is not conquered. By the use of Merc.y they get cure, whereas sea bathing is beneficial, & when the patient is far fm the sea, artificial sea water may be used. Bark & other Tonics are also serviceable if they

terminate in Scrofulous Ulcers

℞ Cicuta — — — grs 64

Corros Sub: — — grs viij M ℉ in Pilulæ 64 — One to be taken every morning & even.g — In the administration of Merc.y in all venl diseases it is of consequence to recollect that this mineral is a poison of itself & capable of producing the disease — the manner in wh it cures the venl is by exciting an inflam.n of its own. If a Bubo is opened while under the influence of Merc.y the sore may take on the Merl action, & prove very obstinate. — A very accurate acct of Merc. & its operations is found in Mr Adam's work on "Morbid Poisons" — & Pearsons observations on the venereal disease, to both of wh I refer you

Lues Venerea –

Unless interrupted in its progress the venl virus wh exists under the seat of Gonorrhœa, Chancre & Bubo attacks the system & produces what is called Syphilis L: Venerea, or confirmed Pox. The parts first attacked with the disease are the skin, tonsils Fore, Mouth, throat, fauces, & sometimes even the tongue. – In a later stage the Peritoneum & even the bones become affected – The symptoms wh first occur are either on the skin throat or mouth

The venl commonly shews itself in 6 weeks after the Merc used in the cure of Chancre is discontinued – It commences with blotches on the skin & sores of the mouth & throat – The tonsils are generally the seat of inflamn producing copper coloured blotches on the body There is a disease in the tonsils however similar to the venl wh goes on to the

throwing out of Lymph, for wh. circumstance it is necessary to be attentive

When the bad ulcer extends on one Tonsil, it extends itself over one half of the of the velum Pendulum Palati before it gets to the opposite Tonsil. When the disease begins on the skin there is no particular part to fix it is most liable, the blotches are commonly circular, a little elevat.n of the skin is sometimes perceptible & underneath a small quantity of matter exists. The size of these blotches do not increase but their number does. When they are subject to friction as between the thighs, they are so often irritated that a Scab is formed, & they are consequently converted into ulcers more rapidly. When they are accompanied with ulcers of the Tonsils, there can be no difficulty in knowing the nature of them

The Cure of the sore throat & blotches must be effected by Mercury & friction — Blue Pill & Calomel. — As soon as their effects are pro-

duced the sores in the throat disappear, & the blotches on the skin assume a favorable turn. Mr Abernethy recommends in high terms mercl fumigation & says in 60 hours he cured the venl sore throat by it. It is effected by placing the Patient in a Machine like a common bath with his head out & the fumigation then goes on. Cinnabar answers extremely well. The Patient is afterwards wrapped in flannel. The effects of this method are certainly efficacious & rapidly produced. But it is inconvenient in private houses, & where secrecy is required

Nitric Acid has been lately recommended & I can say as much of the follow^g formula as Mr Abernethy says of fumigation —

℞ Nitric Acid — ʒ ¼
℥ Arab — ʒ ¼
Water — ℥iv A Table-spoonful to be taken 3 times a day —

The Mercury must be continued 6

weeks after the disease is cured. British Physicians use it 3 months after the cure. The diet of the Patient shd be regulated accord^g to his constitution. He may take his usual quantity of wine & live well.

The 2d stage of the disease is when the Periosteum Tendons &c are affected: it is not so difficult to cure because Merc^y has been previously used. It may not appear until 6 weeks after the disappearance of the first symptoms or stage. The bones thinly covered are here more liable to the attack of the disease, as the Tibia, Sternum & Ribs. The skin over the tumour is not much altered unless very large. the largest may be 2 inches. When the skin is changed, inflam^n & even suppurat^n may come on — they at length burst & discharge a Sanies tinged with blood. Tendons, ligaments & Fascia are much more liable to the disease. Caries occurs in consequence

the bones of the nose are first affected

There are various other symptoms related by authors, as warts &c. &c. are all removed by caustics —

Cancer Scrophula, Gout & even Consumptn are supposed to be Vend affections, but there is certainly no foundation for such theories

Blindness has been the effect of Venl affections — also deafness in consequence of suppurat in the Eustachian tube, or swelling of the Meatus Auditorius Internus. In some instances abscesses have formed & pus discharged. — Writers have noticed the loss of hair, this I think proceeds more from the constitution than the Venl affection

For the cure of this stage we pursue the same mode of treatmt recommended in the former, but more accurately. — The mouth must be kept sore, the diet must be calculated to nourish & strengthen the Patient. — No local applicat is to be made

the common Merc. remedies will do, but when they are obstinate we may relieve them by an incision & they will discharge & heal.

There are many diseases resembling the Venl. of wh. Mr Abernethy has treated largely. Mr Pearson has proved that there is no remedy for Syphilis but Mercury — some of the Nitrous preparations are absolutely inert

Questions.

On abscess of the Hip joint.

How does this disease commence?
At what age?
After its occurrence is the general health of the Patient injured?
Is the limb increased or diminished in size?
Is one leg longer than the other?
Why?
What diseases have been mistaken for it?
Psoas abscess.
How wd you be certain of no disease in the hip?
What is the appearance of the hip?
What are the occasional causes
If neglected what consequences ensue
Does the limb continue to be apparently elongated thro' all the stages of the disease?
Well how does it become suddenly shorter?

How has it been commonly treated?

Suppose an abscess forms what is the most favourable termination?

Does Caries ever occur?

Questions on Wounds

How do you divide wounds?

What are the varieties of a contused wound?

Which bleeds most, an incised or contused wound? Why?

What is yr first object in treating a wound?

Suppose 3 or 4 arteries were cut, on yr first entrance into a room what wd you immediately do?

What wd you next do after applying yr thumb?

Where wd you apply the Tourniquet?

Suppose the wound was high up in the groin what wd you do then?

After you have commanded the hemorrhage what wd be yr next step? Warm

water — What next?

How wd you apply the ligatures?

Suppose the bleed^g orifice of the vessel could not be seen to pull the Artery out, how wd you then proceed? Feel for the Artery

How wd you proceed if a vessel were divided in the Fauces & you could not apply the Tenaculum?

After the hemorrhage has been thus completely commanded, ye next step is to dress the wound — this shd not be done until the hemorrhage both in the large & small vessels has been stopt, the oozing of blood fr the small vessels also; if this be not attended to the blood will become putrid — Remove all clots of blood. When extraneous matters as ligatures are left, the whole of the divided surfaces shd not be brot close together. Spaces shd be left for pus to escape when suppurat^n takes place. I have cut out a tumour w^h healed by the first intention & at the first dressing.

The dressings shd be in this order

1 Ad: plaister or linen or Muslin

2 A pledget over that spread with mild cerate

3d Over that place tow

4 Secure all by a bandage

When ligatures are left in a wound, bring them out as much as possible at the same place. The Surgeon shd strictly attend to the position of the Patients limb. it shd be that wh most relaxes the flesh on each side of the wound. — There are but 2 sutures, the Interrupted & Twisted. The first is adequate to all cases except the hare lip, where the twisted must be used. The interrupted suture is a mere stitch, but you shd recollect that the knot must not be tied over the surface of the wound, but on one side. In using sutures in wounds of the scalp care shd be taken not to draw the edges of the di-

vided scalp too close before inflam^n. then
nor have occurred, as you may expect sup-
puration; for Delirium headache I^d wd
aide for a contrary practice. Also when
the integuments of the scalp are much
torn. In making y^r sutures a space of 1½
inches sh^d be left between the edges of the di-
vided skin. — In punctured wounds for
instance when the knee is punctured, the pain
w^h is often in the Epigastrium is immedi-
ately relieved by dilating it. — You sh^d
always dilate wounds when matter is
formed. —

Wounds of the Eyelids

How wd you treat a wound transversely
thro' the eyelid made for instance
with a knife?

How wd you dress it?

Suppose you found a suture necessary
how wd you apply it. —

What danger wd result from piercing

the Globe of the eye?

Suppose the body pierced the Crystalline lens, how wd you treat it?

Suppose evacuating remedies dont succeed what remedy wd you use then?

How wd you apply the ligature so as not to pierce the Aorta?

Wounds of the Abdomen.

How wd you treat an incised wound of the belly?

Suppose a piece of intestine protrudes?

If the intestine were divided, cut transversely, or if cut right acrss what wd you do?

Would you return it without any other precaution than uniting the Suture?

Suppose you find for the discharge that the gut was wounded but did not know where, wd you dilate to search for it?

What directions wd you give for such a patient, I mean where there was an uncer-

tainty as to the wounded intestine, but you that a wound did exist?

Pray sir why is it proper to keep the bowels open & enjoin this perfect rest? that the parts may unite —

Suppose the Omentum or Mesentery be cut & its artery also wd poured out blood. how wd you stop it, & treat it?

And if an Artery in the Mesentery or Omentum be wounded wd you cut of the ligature close to the knot as in wounded intestine? No certainly not, for an abscess wd inevitably form —

Wounds of Joints

How wd you treat a wound in the Anterior part of the Cavity of the knee?

Why wd you prefer ad. plaister to stitches —

Sometimes the Articulating surface of bones & soft parts are injured, do you suppose in this case that the simple treatment of adhes:

plaister & keeping the limb extended wd be sufficient? Yes Sir —

What is the consequence of contused wounds not uniting by the first intention? Inflamn Fever, discharge of the Synovia, Pus, & the formatn of an abscess. Anchylosis is the best terminatn of the disease. Sometimes the Constitution becomes fairly worn out & death ensues

What is the process of Nature by wn anchylosis takes place? First absorptn Cartilage &c

Wounds of Nerves, Tendons & Veins

What symptoms Sir immediately proceed fm the puncture of a Nerve? A sharp severe pain & numbness are instantly felt

Are the symptoms immediate? Yes

Suppose a tendon be cut in half how wd you treat it?

If the Tendo Achilles be cut how do you

place the foot?

The Skin requires particular attention don't it Sir?

In certain Operations don't you suppose tendons as well as Nerves are cut?

Do any severe symptoms attend the wounds of Tendons? They are not often very severe.

In what situation do those severe symptoms take place wd occur when the Aponeurosis is wounded? In the thigh & Cranium

What remedies wd you use to relieve inflamn from a Punctured tendon?

Well at times it happens that violent inflamn occurs in the arm after V.S. what wd you attribute this pain to — It shews an Erysipelatous Black colour, the patient can scarcely extend his arm; now I say what do you attribute this inflamn to & where does it commence? It commences at the Orifice, spreads on the Internal

surface of the vein.

How do you know this to be the fact? By dissection we see the inflam^n of ^ves.

What other remarkable appearances are there? Adhesion

How do you tell whether or not a nerve is injured in V.S.? If a nerve be injured numbness is immediate.

If this numbness dont occur for 2 or 3 days after the Operat^n w^d you attribute it to a wound of the Nerve? No. for the symptoms w^d be immediate. It arises probably in this case f^m a wound of the coat of a nerve - the symptoms go off in a few days. The part w^h the injured nerve leads to always suffers a Paralysis. - I have known the motion of the thumb lost in this way - the arm is often swollen. -

What does this inflam^n arise f^m? From the Orifice not being properly closed.

Do you suppose it proper to cut

down to the Bone? No

What bad effects wd arise fm this Operation? Death

What remedies were formerly employed for the cure of inflamn of the inside of the vein? Cupping leeches, lead water &c

With what view wd you use Compression? To unite the Surfaces

If great, what bad consequences wd result fm this mode of treatmt? Iw prevent healing, pus wd form &c

What bad consequences most commonly takes place after this inflamn? Stiffness of the arm

What remedy has been most successful? A Blister — Stiffness of the arm very commonly occurs in inflamn of the veins —

On Gun Shot Wounds

What is the nature of a Gun shot wound?
Is a Gun shot wound poisoned?
Why was it formerly supposed to be poisoned? Because the edges were black & sometimes sloughed. –

Does the velocity of the Ball make any difference in the wound?

In what condition is the flesh at the sides of the wound supposing the velocity of the ball to be little? – The parts wd then be simply torn open –

Is this difference in the velocity of the ball exemplified by its entering & place of exit? The part where the ball entered is more contused, this part sloughs while the part at wh the Ball makes its exit heals

Suppose a man received a wound near some large B'vessel as in the thigh for instance, there was no bleed? wd you give

any particular caution?

After some time however hemorrhage occurs, how wd this hemorrhage take place sir? From the parts sloughing by the absorbents seperating the dead parts.

Wd you dilate every gun shot wound?

What circumstances render dilatatn necessary.

Suppose a bullet glanced fm the skull, & the skull appeared to be injured fm the symptoms of compressed brain existing wd you dilate? I wd dilate to ascertain the fact whether the skull was injured

Wd you dilate merely to cut out a ball? No.

Wd you bleed every patient who had a gun shot wound? Not without inflamn

What mischief wd result fm this indiscriminate use of the lancet? Tetanus

If inflamn did not exist what wd you do to excite it?

Questions on Ulcers.

What is the appearance of a common ulcer?

What are granulations Sir? Small red round points or grains.

What is their colour? A pale or florid red

Of what consistence is the pus of an healthy Ulcer? Of the consistence of cream, & of a straw colour

When free suppuration has taken place there is a considerable diminution of the size of an Ulcer, (say for instance a wound) how Sir does this diminution take place? From the absorptn of Coagulated lymph.

Have granulations any tendency to unite?

There is another property Sir what is it? To contract

I mentioned having seen this contraction remarkably exemplified in an operatn. do you recollect what operation it was? Extirpation of a cancerous breast.

Is there any limit to the growth of gran-

lations?

After granulat^n what is the next process?

Where does this process of Cicatrisation begin?

From the circumference to the centre, & in old ulcers in the centre

How do you treat a simple ulcer?

Do you recollect what Mr Baynton advises?

Is there any caution necessary in applying these strips of ad: plaister?

How do these strips of ad: plaister act?

What injury w^d result f^m applying these strips too close? They w^d in that case increase the ulceration, & impede the restorative process.

I mentioned that ulcers were sometimes backward in forming new skin how w^d you expedite it in a small ulcer? By exposure to the air. If the sore be of a larger size, Brandy, Galls, astringent applications &c

Ulcers on the legs are prevented f^m healing, by what circumstances sir? By the

gravitation of the blood, & the diminished circulat^n &c

How are they prevented by this diminished circulation &c ?

What appearance do ulcers assume after exercise ?

What mischief arises f^m it ?

What is the other impediment to the healing of ulcers? An Œdematous state of the limb.

How w^d you treat such a Patient

Why w^d you recommend an Elevated limb?

W^d you recommend the same position in Œdema ?

Can any mechanical support be given to such a Patient? Yes laced Stocking & Roller.

W^d you prefer the laced Stocking to a bandage?

What time in the 24 hours w^d you apply the bandage? In the morn^g

Why at that time?

Ulcers of Varicose Veins.

In what manner wd you treat an Ulcer of a varicose vein Sir?

Whereabouts wd you take up the Vena Saphena?

In what manner wd you perform this operation?

What instrument is the most convenient? A pointed Knife

After you have made the Section of the skin wd you tie the ligature & do nothing else? How long wd you leave the ligature? How wd you get it away?

Do there any contrivance by wh the removal of the ligature is facilitated? The lint

I wd ask you Sir what caution is necessary in making the Section of the skin to apply the ligature?

Questions on Fractures.

What do you mean by a fractured bone Sir?
How do you divide fractures? Simple & compound
There is another species Sir? Compound simple
What do you mean by a simple fracture?
What do you understand by a compound fracture?
What is a compound simple fracture? The wound is small in size communicates with the cavity of the fracture, & can't heal by the first intention. –
In treating a simple fracture what wd you first do?
What are Splints?
What are they made of?
Wd you apply splints in fractures of 10 or 12 days stand^g & after inflam^n had taken place? They wd increase the swelling.
What remedies wd you use in this sit=

cation in a simple fracture? Yes of the antiphlogistic plan.—

Wd you feed a patient much?

What wd you apply to the swollen parts?

In fractures it sometimes happens that the bony fragments do not unite by a bony union, what operation has been proposed to effect this? Sawing off the ends of the bones.

Is this ever fatal?

Does it ever fail of success? Yes.—

What method has been successful?

How wd the seton operate?

In what manner do you suppose sir the simple fracture wd unite? By the blood forming a Coagulum &—

What next happens to this Coagulum? Cartilage

Well sir what next? Bone.—

Is this Cullens Vascular? Yes & sensible also

How is a compound fracture united for the blood in this case you know is lost? By inflam.ⁿ

The flow of blood is often considerable & your first object is to stop the hemorrhage, but suppose the hemorrhage could not be brot into view (say for instance in the Posterior Tibial Artery) what operation in this case has been proposed? Amputation

Do you suppose it proper?

What operation is best

If that shd not succeed is there any other method wch wd answer? Tying up the artery —

At times tho the hemorrhage takes place from an artery running in the middle of a bone as large as a Goose quill, what wd you do in this case? Cedar Plugs.

Has this mode of stopping a Hemorrhage ever answered? Yes after an Operation

What circumstances wd induce you to determine on the amputation of a limb?

Suppose you had determined to amputate on acct of a compound fracture wd you perform the operatn immediately or wait?

Why wd you perform it immediately? The patient wd have his limb suppurating, & he wd suffer all the inconveniences arising from a dangerous fractured bone, whereas if directly performed he wd have to struggle with the effects of the operatn alone

Fractures of the Nose

Is the nose ever fractured in front sir?

How do you ascertain the bones of the nose to be fractured? By the fragments being depressed. —

How do you proceed to elevate the depressed fragments?

Having placed the bones in apposition

is there any fear of displacem^{t}? No

Why is there not? Because there is no muscle to displace it

How wd you dress it?

What inconveniences wd result from leaving the bone in this depressed situation?

Lower Jaw.

The lower jaw is sometimes fractured sir what part is most frequently so?

It may however be fractured in almost every direction may it not?

Is the coronoid process very often fractured?

Why not. How is it protected?

The Condyloid process is at times fractured, by what means wd you ascertain it?

In general the fragm^{ts} are easily replaced, but is this always the case Sir?

Suppose the teeth are loose opposite the fracture wd you extract them?

Why not? Air wd get in & you wd convert a simple fracture into a compound one.—

What inconvenience wd result frm its becoming a compound fracture? Perhaps death.—

Do you suppose the extraction of the loose teeth wd be of any advantage in enabling the Patient to take nourishmt? The danger wd too far Counterbalance any advantage

How wd you manage then with the teeth? Put them in their places & in apposition

Having placed them in apposition how wd you keep them so?

What object wd you have in view in applying the roller?

Wd you apply a splint along the Basis of the jaw? Never necessary

What wd you substitute in its stead

Adhes: plaister spread on leather

How wd you nourish yr patient?

Milk Sago &c constitute the proper food.

Fractures of the Vertebræ.

These fractures are generally fatal Sir, but in what situations are they most so?

How do they prove fatal?

Suppose the fracture is lower down, in the Cervical vertebræ, is that also fatal?

What symptoms characterize this accident?

What are the causes of this Paralysis & loss of Sensibility?

Do you suppose that there is generally a dislocation of the bone? Yes & this causes pressure

How wd you treat such an accident?

There is one caution Sir particularly necessary do you recollect what it is Sir?

Drawing off the water with a Catheter.

When the fracture is lower down Patients

survive longer, but what mischief do the soft parts sustain for pressure in bed?

Fractures of the Clavicle

What are the Symptoms wh distinguish fractures of the Clavicle?

In what manner are the fragmts displaced? Without inwards & downwards towards the Sternum.

What pulls the Scapula fragmt down? The weight of the arm.

How do you counteract the effect of the Pectoral Muscle? By a pad.

How do you counteract the weight of the arm in pulling down the Scapula Sir? By a bandage to support it.

Fractures of the Acromion Scapula.

What part of the Scapula is most frequently fractured Sir?

By what Symptoms do you ascertain

the existence of this fracture?

How are the fragments displaced? Downwards & forwards –

How is it pushed upward? By pushing the head of the Os Humeri upwards –

This fracture is easily reduced Sir, but how do you keep it so? By a bandage passed under the elbow & over the shoulder.

How wd you discover a fracture of the angle of the Scapula?

Where wd you apply yr hand to feel it? At the base of the Scapula. –

How wd you proceed to bring the fractured surfaces of the bone in apposition?

How wd you retain them in that position?

Why wd you not rather push the angle upwards? Because it could not be retained in that way the bone is so small.

Fractures of the Os Humeri.

In what way do you discover a fracture of the Os Humeri Sir?

How wd you dress & treat such a case? It is necessary to examine the bone often Sir, what advantage results fr this examination? replacing the bones in their natural situation if any derangemt of them shd take place

At times the Os Humeri is fractured near its head is it not Sir, how is the inferior fragment displaced? Directly towards the chest.

How do you ascertain the existence of this fracture?

How do you treat it? By extension & counterextent, pushing the inferior fragmt out of the axilla by means of a pad, applying 3 Splints & round them bandages

Does a fracture of the head of the Os Humeri, or near its head, much resemble a dislocatn of the arm at the shoulder joint?

How do you distinguish them

Suppose the fracture was near its lower extremity just over the Condyls how wd you treat the accident

Why wd you think it necessary to fix the fore arm? To prevent the derangemt of the fragments

Fore arm

How wd you proceed to treat a fracture of the fore arm — Extension, Counterextension &c

Is there any caution necessary in applying the roller?

If very tightly applied Sir what bad effects wd result? Swelling & pressing the fractured extremities too near together.

Fracture of the Os Femoris.

What appearance does a fracture of the Os Femoris assume, or what characterizes this fracture Sir?

Does this shortening of the limb always occur? No

What occasions it? The contraction of the muscles

It has been proposed by Mr Pott to bend the leg has it not sir, what view had he in advising this? To relax the muscles & prevent their inordinate contraction

What position was the body placed in by Mr Pott? On one side

In what position was the leg? Inwards towards the thigh

What objections are there to placing the limb in this position? You are unable to tell its length, the Patient has fewer points to rest on &c

Do you suppose you could confine a Patient constantly in that position? No he wd certainly turn on his back

What inconvenience wd result frm a

change of position? Displacement of the fragmts

What other arguments have you for supporing the strait preferable to the bent position? The relation of a Patient

Do you suppose a bandage round the fractured thigh wd keep the fragmts in apposition?

Why not? Because it is too thickly covered with muscles

What plain wd you adopt then to keep the fragmts in their situation? Default with some modifications

What are the chief parts of the Apparatus of Default? Two long splints

What kind of bandages wd you use? Strips

Why wd you apply strips? They are more conveniently applied & removed

Having applied the long splint on the thigh, how do you effect extension & counter-extension?

What kind of bed wd you put yr patient on?

How many pillows wd you use?

What bad effects wd arise from having too many? The patients feet getting out of bed & thus deranging the fragts

What advantages result from lengthening the Splint of Desault?

In what way does it prevent these bad consequences? By acting in the direction of the bone

What inconvenience results from the bandage acting obliquely? It draws the inferior fragmt outward.

Another advantage results from the splint being as high as the Axilla do you recollect what it is? It lessens the pressure of the bandage on the Perineum & Groin

After the bandage for extension is applied wd you draw it tight to pull down the lower fragmt? No

Suppose the muscles contracted violently, & drew up the lower fragmt how wd

you act in that case? I wd draw it moderately tight –

What wd you do the next day? I wd increase the force at each successive day –

What inconvenience results from drawing the extending bandage too tight in the first instance? Pain

And what else Sir. The skin on the foot & posterior part of the leg is excoriated – A slough & ulcer is formed

Is there any machine wh answers better for extension than a handkerchief?

What sort of apparatus is it? Buckskin leather

Why does it answer better? Because it presses equally on the anterior part of the foot & posterior part of the leg

What Symptoms characterize a fracture of the neck of the bone?

What species of luxation does it resemble? Upwards & Backwards

What apparatus wd you apply? Defaults

How long wd you continue it? 3 or 4 months.

Fractures of the Condyles of the Femur.

In what way are the fragmts displaced sir in a fracture just above the Condyls? Upwards & Backwards.

How do you treat this accident?

Why wd you use a pillow to support the leg? The Condyls are sometimes seperated from each other are they not, how wd you treat such a case?

What Symptoms characterize a transverse fracture? Can't extend the leg nor walk forwards

What other Symptoms? You may feel the seperation?

Patella

What causes act upon the fragments producing a Seperation in a fracture of the Patella?

What acts upon the lower fragments?
Its station and keeps its distance from the Tibia

To counteract these 2 causes of displacemt in what position wd you place the limb?

How do you retain this position?

Relate Sir exactly how you wd treat this accident?

Why wd you apply a bandage to the ankle?

Why do you put a Splint on the Posterior part of the leg?

Why do you carry the bandage up to the hip?
To counteract the extensor muscles —

How do you secure it? By a roller —

How do the fragmts of the Patella unite?
By Ligament —

Are there any means by wh you may facilitate the union? Yes by extending Sticking against the wall

Fractures of the Bones of the Leg.

What symptoms characterize a fracture of the bones of the leg? The angular projection &c

How wd you dress a broken leg?

Why wd you use extension & counter-extension? To draw the fragmts in opposition

What wd you do next?

What kind of straps? You mean strips?

What wd you put on next? Splints

How long wd you have the splints? To extend beyond the sole of the foot. You wd always soak them in warm water before you apply them to the sides of the leg, & you wd secure them by another bandage of strips, & you wd further support the leg by 2 pieces of wood or a fracture box

Is permanent extension necessary sir?

How do you keep up continued extension of the leg? By the tapes below the knee, the splints &c

How do you effect extension sir? By the bandage wh is tied under the sole of the foot

When is it necessary to resort to this treatment

What inconveniences result from this mode of dressing?

How does it produce the swelling? By stopping the circulation & pressing on the Lymphatics

How do you counteract this effect? By using the many tailed bandage from the ankle to the knee, & applying a long splint.

The Tibia is sometimes fractured alone is it not sir, & is this fracture easily discovered? much difficulty.

By what symptoms do you ascertain the existence of it?

Is the Patient ever able to walk? Yes the fragments support each other

How do you treat a fracture of the Tibia alone?

Wd you apply the Paste board splints wet or dry?

Why wd you apply them wet?

Is there as much displacement when one bone is broken as when both are?

When is the Tibia most frequently broken?

What is the most frequent cause? A violent abduction or twisting of the foot.

The foot is continually turned out & disfigured at another place, do you recollect when sir? Exactly opposite the fracture.

How do you place the fragmts in their proper situation?

If the foot be then properly fixed the fragmts will be also placed in their situation, a proof this that the lower fragmt moves with it. What caution does this suggest? That the Splints shd be applied long enough to keep the parts perfectly at rest.

Questions on Dislocations

In what Direction is the lower jaw dislocated? Forwards

What are the Symptoms wh characterize it?

How do you proceed to reduce it?

How do you distinguish a luxation of the clavicle?

How do you treat this accident? By a bandage over the shoulder & under the elbow.

What appearance does the Os Humeri exhibit when it is luxated? It is drawn downwards & inwards

How do you set about reducing it?

How do you apply the force for Counterextension?

Wd it not answer very well to take hold of the elbow for this purpose?

Why not? Counterextension shd be made on the trunk & the extending powers wd be on the Scapular attachment to the trunk, & not on

the shoulder

Suppose this shd fail sir? Iwd bleed — You wd employ 2 or 3 assistants first?

Suppose the luxation had existed for several weeks, & the muscles had ceased to contract involuntarily what impediments wd you have to overcome?

How wd you overcome these impediments?

How wd you apply the power of extension in an arm so circumstanced? By taking hold of the elbow &c

How wd you make the Counterextension? By a girth on the Acromion Scapula.

Is there any management necessary to keep this girth in its proper situation and prevent its slipping —

Questions on Wounds of the Scalp

What are the appearances of the Scalp after receiving a contused wound?

What idea doth it convey to an inexperienced Surgeon?

Hath it right to cut thro' the contused parts?

Under what circumstances is it necessary, when is it not? When symptoms of compressed brain occur

How do you treat contusions of the scalp? As other Contusions, Cold air, Vinegar &c

What directions wd you give as to the particular treatmt of such a Patient?

With what view wd you direct the antiphlogistic plan of treatmt? To prevent inflamn

How wd you treat a contused wound of the scalp?

Suppose the Scalp be largely torn how then? You wd first get the hair off together with dirt & other extraneous matters, you wd re-

turn it in its proper situation & keep it so by ad: plaister or Sutures.

In applying the Sutures wd you draw the edges close in contact?

What inconvenience results from this? Abscess &c

Wd you never cut off the Scalp? No

Contused wounds of the scalp occasion much pain do they not sir, they continue for a long time – Well is there any remedy wh proves successful? the Crucial Incision

Does it always prove Successful? No

From cases wh I have mentioned, it appears that no remedy can cure this complaint, but does it appear to wear off by time? Yes

What Symptoms characterize depressed brain? the full pulse is no Criterion sir, for it is often far from full, being small –

There is another Symptom sir? Dilatation of the pupil – this does not always occur, for I have seen it small

When the brain is injured by external vi-

dence what causes the compression? The bone being driven in, or from effused blood

When compression arises from the bone being driven in, are the symptoms immediate? Yes

When from effused blood are they always immediate? Never

Are the symptoms of compressed brain ever absent when a portion of the Cranium is compressed? Yes sometimes

When symptoms of compressed brain exist, what would you first do? Examine the injury — You would first shave the hair Sir

The wound is sometimes large & you can examine directly, but when not how would you do?

What instrument would you lay bare the bone with? A raspatory

Suppose the bone was fractured & driven down what would you next do? Trepan

With what view would you apply the Trephine? To raise the depressed portion of bone

Where would you apply it?

In performing this Operation wd you constantly keep the pin of the Trephine beyond the Circular saw?

Why not? Because it wd pierce the Dura Mater.

When wd you remove the pin? As soon as a groove was made sufficient to steady the saw.

Wh Trephine wd you prefer the one with a pin screwed to it, or the one not?

Would you prefer the Trephine wh is a portion of a Cone, to the one wh is a portion of a Cylinder.

In performing the section with the saw is it not necessary to be very cautious?

How can you tell when you are perforating the bone? By the tooth pick

Why do you use all this caution? For fear of injuring the Dura Mater

Would you continue the section of the bone with the saw until you had pierced thro' &

got the inner table completely loose? No

Fragments are always left how do you remove them? By the Elevator

An instrument very unnecessary was formerly used do you recollect what it was sir? A Lenticular

How wd you dress a wound after the operation of Trepanning? By a bread Milk poultice

Why do you prefer that?

How did the older Surgeons dress it? By lint

What disadvantage attends this? It gets Coagulated with the blood & sticks fast to the wound.

What inconvenience attends the adhesion of the lint? You are unable to examine the Dura Mater

How wd you manage such a wound? Wd you unite the edges of the Scalp in every case? If the symptoms were unfavourable I wd not

It sometimes happens sir that after you

have operated with the Trephine you find an extravasation of fluid beneath the Dura Mater, by what Symptoms wd you judge that this extravasatn did exist? By the colour of the Dura Mater. – That is one Symptom Sir What is the other? – Its convex form

Well sir there is another? You never see the pulsation of the vessels, the alternate rising & falling of the Brain in inspiration & expiration?

Suppose you think there was an extravasatn of fluid under the Dura Mater, how wd you proceed then sir? If the Symptoms of Compression were very great & existed in a high degree, I wd perforate.

How wd you perforate the Dura Mater? By a Lancet.

For what purpose wd you do it? To evacuate the extravasated fluid

Is this operation attended with any bad Consequences?

What is most generally the consequence? Violent inflam.

Inflam. of what sir? Of the Brain itself. The Dura Mater ulcerates, there is a fungous tumour wh. produces ulceration in the Brain, proving fatal in 8 or 10 days.

Has any patient ever recovered after the perforation of the Dura Mater? Yes

When you find the Dura Mater has been perforated by fragments of bone, or if it has not, you dress the wound directly after the operation, & bring the edges of the divided Scalp together. At any rate a portion of the Scalp directly over the wound of the Dura Mater with an expectation of the wounded Scalp adhering to the Dura Mater. I have thus lately treated a case with success. The older Surgeons sir objected to applying the Trephine in several places, do you recollect one? Over the Sutures

What was their reason? Because the Dura Mater adhered more firmly there & they

were afraid of wounding the Longitudinal Sinus —

Do you suppose if you were to open the Longitudinal Sinus it wd prove fatal? No

How wd you treat a wound of the Longitudinal Sinus? By moderate compression —

Compression with what sir? With dry lint, the blood wd coagulate & the hemorrhage be stopt.

Well sir, they were afraid of another place? The temporal bone

Why were they afraid of that? Fearful of Locked jaw

Has it ever produced locked jaw?

It has rendered the jaw stiff tho' has it not? Yes. —

They were afraid of another place? The occipital bone.

Why? Because it was uneven & they dreaded the sinus

Having trepanned your patient sir, it is necessary still to be very attentive to him

is it not? & what regimen wd you prescribe?
V. of Purges, low diet &c

After you have elevated the depressed bone after the extravasation of blood has been evacuated, & all the symptoms of compressed brain have ceased what danger still remains? Of the inflamn of the Dura Mater or Brain

How do you judge when inflamn is about to take place, or when it has taken place? By a febrile Pulse, a flushed face, a pain & tightness in the head sickness at stomach, at times vomiting together with a hot skin

When these symptoms occur what do you do then? Bleed, Purge & the Antiphlogistic plan.

How wd you be governed by a repetition in yr bleedings? as long as these inflamy symptoms prevailed —

How many times a day did I say I have bled? 4 or 5

At times tho notwithstand all these evacuations, the pulse still continues febrile

the patient senseless & none of the symptoms abate; in this case sir what powerful remedy wd you next employ? A Blister to be sure.

Blisters have succeeded have they not? Yes

At times the inflamn of the brain is the consequence of some fluid effused (most probably serum) between the Pia & Dura Maters

Is it proper sir when symptoms of compressed brain exist, always to perforate the Dura Mater? No.

How then? Antiphlogistic remedies

Have they ever succeeded? Yes.

By what symptoms do you distinguish compression fm inflamn of the Brain? When the brain is compressed the symptoms are immediate; when inflamed they don't occur for several days

Does this inflamn ever arise fm simple contusion without a wound of the scalp? Yes. What appearance does the stricken part

exhibit, for instance if a man receive a blow on the side of the head so as to produce symptoms of compressed brain? The part is tumified & soft

Well sir when it is cut open, laid bare, what then? The Cranium is changed to a white colour

Is it proper now to Trepan? Yes.

Why do you make a perforation? to let out the extravasated matter, for if it were confined it wd produce ulceration of the Dura Mater.

Does matter ever exist under the Dura & Pia Maters — Yes.

Questions on Fistula Lacrymalis.

What sir prevents the passage of tears from the eye into the nose?

Where are the Puncta Lacrymalia Situated?

What ducts lead from them? Two small ducts wh pour their contents into the Lacrymal Sac.

Where is the Lacrymal Sac Situated? In a depression in the Anterior part of the Os Unguis.

When the tears get there where do they pass?

Where does the Lacrymal duct open? — Under the inferior turbinated bone

In what sis does the disease of Fistula Lacrymalis consist?

How does it first shew itself?

What are the effects produced by pressure?

How does the fluid pass fm the Puncta Lacrymalia into the Eye?

What advice wd you give to a Patient who had a tumefaction in the inner Canthus of the eye wh by pressure was easily evacuated? I wd direct pressure to be employed. —

Suppose the Sac was inflamed fm distention or fm Cold, or fm both these causes, & an abscess opened externally, how wd you treat such a patient? I wd pass a probe into the duct.

Suppose no instrument could be passed thro' the Ductus ad nasum to the nose how then? I wd proceed to the Operat

How wd you make an open^g into the Os Unguis? By a punch.

Why wd it not answer as well just to make a hole thro it? Because the parts wd be torn into fragmts & wd not reunite

What advantage arises from making an open^g into the Os Unguis by means of a punch? One principal advantage is that you can close the external wound

Questions on Cataract

What is a Cataract?

Can this Opacity of the Chrystalline lens or its Capsule be easily removed, or does it ever go off spontaneously

It is necessary to Operate then is it not, Well what Operations are there?

What do you mean by depression?

What do you understand by extraction?

How do you perform the operat^n for Couch^g?

What instruments are necessary? A Cornea knife, a Speculum & Needle

Why do you have the Cornea knife very sharp sir? the wound will heal more readily

Having introduced the Cornea knife what next is to be done? The needle is to be passed gently behind the Iris before the Capsule of the Crystalline lens, & that depressed, carrying down if possible all the Opaque Matter by the Needle.

On Laryngotomy.

Where do you perform the operat^n for Laryngotomy sir?

Where w^d you make y^r first incision? I w^d make a longitudinal incision between the Cricoid & thyroid Cartilages

What w^d you introduce after the incision? A Pipe

What attention is necessary to this pipe after its introduction? Frequent cleansing

Why Sir? to clear it from Mucus

Suppose Sir you had a Patient who had a piece of Money, or a peach Stone lodged in his Oesophagus so as not to get to the Stomach, what do you suppose wd be the cause of its retention there? A Spasm

What wd you do then? I wd use a Probang

Well if that failed, what next? I wd give a solution of Tart: Emet:

How does that Operate? By producing Nausea & thus relaxing the Spasm

— On Polypi. —

How many modes of extracting Polypi are there? Three

Which are they? By Forceps, By ligature, & by cutting it away —

Which mode is best? That by Forceps

Why do you prefer that? Because it often tears away the very root of the Polypus, & even at times the inferior turbinated bone —

Suppose the Polypus projected into the throat, & you had fixed a wire round it what caution is necessary at or about the time you expect it to seperate? Tying a ligature if possible around it, or pulling it by a hook every day —

— On Hare Lip

How do you perform the Operat^n for Hare lip?

What do you do in the first instance?

Can the incision be best made with a pair of Scissors?

How w^d you dress the wound after the edges were cut?

Why w^d you have steel points to yr needles?

How long th^d the needles remain in?

How many w^d you have? ~~two~~

Having passed them what w^d you do next?

Questions on Hernia.

What do you mean by Hernia Sir?

Where does the Epigastric Artery run as it respects the Hernial Sac? It runs on the inside of the Sac.

Is the term rupture a proper term, or is there any rent of the parts? No.

Where do the parts pass down thro' natural openings or not?

When the Protrusion is at the Navel, what is it termed? Umbilical Hernia

When at the Groin what? Bubonocele

When at the under Poupart's Ligament? Femoral Hernia.

What are the parts most commonly contained in the Hernial Sac? Omentum & Intestine

When intestines alone are contained in the Sac, what is it termed? Enterocele

When both Intestines & Omentum what?

Entero Epiplocele

Of what nature is that disease, or how is that disease formed called Hernia Congenita?
The intestine is in contact with the Testicle

Well what forms the Sac? Tunica Vaginalis

How does this take place, At what period of time, & what its Origin? The intestine being drawn down carries along with it that portion of Peritoneum wh forms the Tunica Vaginalis Testes —

Now sir for the formation of this disease?
The intestine is carried to the abdominal ring — And does this continue open after birth? No
In some cases the closure of the abdominal ring does not take place, in wh case crying, coughing or any exertion will cause the intestine to pass at the Orifice at the Abdominal ring. thus rendering a child always liable to Rupture there, called Congenital Hernia.

What Symptoms characterize Hernia sir - say Bubonocele?

Well sir go on? It is rough when Omentum is protruded & smooth when intestine

Well sir? It commences at the Abdominal ring

Well Sir? It is increased by coughing or any exertion of the Abdominal muscles & Diaphragm

What sensation does it give to the fingers? as if it were blown into

Well sir there is another very characteristic symptom wh every Surgeon sh know? Its disappearing when lying down, & reappearing when in an erect posture?

What advice wd you give to such a Patient? I mean when the tumour disappears on lying down? I wd recommend a Truss

Pray sir what is a Truss?

Having such an instrument how wd you apply it? Around the body over the Hips

How wd you place the Pad to retain the Intestine? Directly over the abdominal ring

How wd you place the Patient to re-
turn the Intestine? I wd not be thus particular
if it were not of the greatest importance —

Suppose sir you could not reduce the protru-
ded parts immediately what wd you do?
I wd bleed, prescribe low diet, & purge

In what position wd you keep the Patient?
Horizontal position, hips somewhat elevated

Suppose after this Horizontal position, after
Purging & low diet, you could not return
the Intestine — After all these had failed what wd
you do? A Suspensory bag —

With what view wd you apply this suspen-
sory bag? To support the weight of the pro-
truded parts, as they might descend by gra-
vity to the knee. —

On opening or dividing the skin cover.
the tumour, what first presents itself? The
Fascia of the ring of the external Oblique —

After cutting thro' that what next sir?
The muscular fibres of the Cremaster Muscles —

What next Sir? The Hernial Sac

What does the Hernial Sac consist of?

What vessel of importance lies immediately on the upper part of the Hernial Sac? The Epigastric Artery

What behind? The Spermatic Cord

What is at the upper part of the Hernial Sac? The neck of the Sac

Is there ever any water there? Yes Sir

How do you distinguish Hernia from Hydrocele? It is transparent Sir

Well Sir? Fluctuation is Evident

Well Sir? It is not altered by Coughing or a change of position

Well Sir? It begins at the lower part & ascends up –

Well Sir? I know what you mean sir, you mean the Spermatic cord can be felt at the upper part

How do you distinguish Hernia from Jewelled Testicle? The last is hard

Well sir what is its Shape? It is flattened on its sides — Hernia is not —

Well Sir? It is painful to the touch & succeeds Gonorrhoea — —

How do you distinguish Hernia from Venereal Bubo? The last is a permanent tumour, there is a Chancre on the Genital Organs, there is no interruption to Alimentary matter, & coughing & other exertions produce no effect on the size of the tumour

What are the Symptoms of Strangulated rupture sir?

What next sir? The tumour is hard

What other Symptoms — It is painful to the touch & there is a hard contracted pulse —

What next Sir? There is no discharge of faces. Is there never no discharge of faces? Never except those wh are contained in that portion of bowels below the Stricture

What other Symptoms Sir? The Patient can't stand upright, & after a while the

belly swells —

Do these symptoms continue unremittingly, or are there intervals of ease? There are short intervals of ease —

Suppose you were called to a patient sir with these symptoms when there was a very small tumour in the groin (Bubonocele) wd the danger be as great as if the tumour were of a larger size — I mean when the tumour is recent & of a small size? The danger wd be greater, for if the dilatation be large at the abdominal ring, the probability is that the stricture is less — So it is in an old rupture

What wd you first do in a patient so circumstanced? I wd try the taxis

Suppose that failed? I wd bleed

If that? the warm bath

If that? Clysters of Tobacco —

How do you prepare the infusion of Tobacco sir? By pouring ℔j of boiling water upon ℥j of Tobacco —

Wd you inject the whole at once?

Has ℥j thus injected ever proved fatal? Yes

Suppose one injection failed, wd you repeat it? Yes

What rule wd you use as to the times of injection? ½ pint every ½ hour till sickness & vomiting are induced.

Does tobacco answer as well as other remedies?

Suppose tobacco failed? I wd use ice

How wd you apply it? – Powdered, in a bladder

Suppose you could get no ice? I wd use a solution of Glaub: Salts, & Sal Ammoniac in water

Suppose that failed, there is still one powerful remedy? Opium

In what position wd you place yr Patient? In a horizontal position, his Pelvis elevated

Suppose all these failed? An operation.

What is the great object of this? What is aimed at? Dividing the stricturing parts

Well sir how do you decide when you are to desist from these means (the warm bath Tobacco, Opium &c) & when the operation becomes necessary? After they have had a fair trial. —

Would you delay the operation? No

Why not? Mortificat^n might take place

Does the length of time give you any indication as to the time of the operation? No for life will continue for 8 to 65 hours & even to 17 days, therefore when these means have failed we th^d operate.

In case of Scrotal Hernia what w^d you first do? Shave the parts — No you w^d prepare a table, Mattrass & Pillow

Well sir then after shaving the parts, what w^d you do? Make the incision exposing the Fascia of the external Oblique

What do you find next? The Hernial Sac

How do you open the Hernial Sac? By

Knife cuts into it

Why is all this caution necessary? For fear of wounding the intestines

There is frequently some stone in the intestines do you suppose that wd guard your knife from injuring the intestine? No —

Having now made the perforation in the Hernial Sac & introduced your probe what next? Wd divide the Hernial Sac

But how do you divide it?

How do you continue to make the Hernial Sac longer? By using a curved director & cutting to the Bottom

Having opened the Hernial sac what next? Wd get admittance to the stricture

What do you do with that, or how wd you find where the stricture was? By applying the finger to it

What next now? Wd open the stricture

With what? A blunt pointed Bistory

In what direction wd you make the

section of the Stricture? Directly upwards –
What advantage do you derive fr this?
Avoiding the Epigastric Artery
What is the situation of the Epigastric Artery as it respects the Hernial Sac? On the inside –
Having divided the Stricture what do you next do? Examine the bowels. & if both intestine & Omentum were protruded I wd return the Intestine first
Suppose you had doubts of the parts being dead (say the Omentum) but concluded it was dead what wd you do? I wd remove the Mortified parts
How wd you do it? By a knife
Well what wd you do before you cut? I wd spread out the Omentum carefully sir & see that there was no folds of intestine in it
Then how wd you make yr incision? A pair of scissors is far preferable sir
It's difficult to know what parts of the

Omentum are dead & what are living, now it is necessary to have some rule for you are to cut only sound parts, how do you judge of this Sir? The Colour Sir gives no indication for in one case the Colour of the dead & living parts were precisely the same. This is of immense importance & the only way of judging what parts are dead is that the blood in the dead parts is Coagulated, pressure does not empty the Contents, a cut in the vein shews Coagulated or grumous blood, & that part cut does not bleed – Now if you cut a sound part fresh blood will immediately issue out

Why wd you not leave any dead parts or rather why do you just cut on sound parts State off all the mortified portions? Because if you leave any dead parts they will produce Suppuration all around

After you have divided the Omentum Sir, & any Arteries shd bleed, what wd you do? Apply ligatures

How wd you apply them? Taking care that they shd be long enough to extend outside of the wound.?

It is often possible sir to divide the tendon of the external Oblique muscle without cutting into the Hernial sac, well how do you perform this operation?

Well sir after the Director is under the ring & you have divided the tendon under the ring then if the tendon formed the Stricture it is easy to return the protruded parts but if this shd not succeed what do you suppose wd prevent? An alteration of the parts in size, adhesion to the sac or to each other, or a Stricture at the neck of the Sac —

What wd you do in such a case? Open the Sac —

Questions on Stone –

What are the Symptoms indicating a Stone in the bladder Sir?

Is the water uniformly obstructed?

How is the passage of the water influenced?

When suddenly stopt how is it caused?

What effects are produced by a change of position?

There is a Symptom of great importance wh occurs particularly in boys? Itching of the glands penis thus rendering the prepuce by pulling it elongated

There is another Symptom Sir? the discharge of pieces of Calculi along with the urine

Do these ever stop the flow of urine? Yes

When Gn these Symptoms you suspect, by what means do you ascertain that a Stone actually exists in the bladder? By sounding

When the water is suddenly stopt, how do you make it flow – By a change of position

What effect does that produce? It causes the Stone to fall to the bottom of the bladder

Is sounding an unequivocal proof?

Can you tell certainly if you do not sound? No

Do you remember any case in wh eminent Surgeons have been deceived by Symptoms alone? A young Lady who had all these symptoms & after death they were found to proceed from a tumour in the Rectum

Are there any other affections wh produce similar symptoms? Ulcers near the neck of the bladder wh may be cured by Mercury.

What do you mean by a Sound Sir? An iron body bent so as to be accommodated to the Urethra

How wd you proceed to sound a Patient? I wd take hold of the sound in my right hand, the penis in my left, introduce it into the Urethra with its concave side towards the abdomen; & when I got to the prostrate gland

I wd turn it with its Convex side towards the Pubis & depress the handle

Suppose this failed? Elevate the Pelvis &

Suppose this? I wd introduce my finger oiled into the Rectum, pull down the Penis & keep the membranous part of the Urethra on the Stretch.

When you have ascertained the existence of the Stone, will any Med: remove it? No

What remedies afford most relief - Lime water, Alkalies, Carbonic acid, & Uva Ursi

As no Med: are capable of dissolving a Stone what becomes necessary?

I wd wish to know sir how you wd prepare a Patient for the Operation supposing him to be of a robust habit? Low diet &c

Well Sir suppose you had determined on the Operation tomorrow what directions wd you give to the Patient? To take a dose of Castor Oil so that the intestines may be as empty as possible

What directions wd you give to the family as to preparing things? I wd direct them to have at hand a dressing table, towels, water, sponges (those you wd carry in yr pocket) Basons of Oil to shave the Perineum

Well sir suppose it to be yr last visit at night what directions wd you give to yr Patient? To retain his urine; if he could not, to tie a String round the Penis. —

Well Sir what instruments wd you carry? Name them in the order they are used

1 Two Fillets
2d A Scalpel
3d A sharp pointed Bistory
4 A Gorget with a beak properly to fit
5 A Blunt slightly curved Bistory
6 Forceps
7 A Scoop
8 A Syringe the pipe of wh shd be long enough to extend completely to the bladder
9 Needles, tenaculum, ligatures &c

ges, & Patent lint —

10 A Canula, or flexible Catheter if it be necessary to stuff lint into the wound —

11 A double Canula to tie up the Pudic artery with if that be cut

Would you be content with one pair of forceps? No

Now sir how do you perform this operat^n after the Patient has been laid on the table, the grooved director previously oiled is to be introduced, the fillets tied round the patients ankles & wrists —

How is the Patient kept steady? by assistants

How do you direct them to take hold of the Patient? By putting the Patients knee in their axilla, & their hands on the leg

How is the Surgeon seated? Before the Patient with a sheet over his lap

Well sir for the incision where do you dip the point of the scalpel? Just behind the Scrotum

In what direction do you continue the incision? I wd continue so that it may terminate half way between the Tuberosity of the Ischium & Anus

What is the object of this incision?

What parts do you first divide?

How do you proceed with the incision? So as to avoid the Rectum & lay bare the Staff

You say you wd not cut the Rectum how do you avoid that? By pulling it out of the way. Well how is the incision to be continued? To be continued down

What is the next Operation? To open the grooved Staff

What do you do it with? A sharp pointed Bistory, the back being turned up

What do you do next? Put the beak of the Gorget into the grooved Staff

Well after this what is your next Step? Take the handle of the Staff in the hand of the assistant, bring it at right angles to the body

of the Patient, & then push the beak of the Gorget along the grooved Staff until it enters the bladder.

How do you know when it enters the bladder? by the flow of urine

Now sir what next? Take out the Gorget

Well Sir? You then introduce your finger & feel for the Stone

Well Sir You take out the Staff & what next? & then introduce the forceps

How do you open them with one or two hands? With two hands.

Well sir in pushing in the forceps wd you incline the handle down or elevate them? I wd elevate them

Well sir what wd you do next? Introduce ye finger to feel if the Stone be in a favourable position for extraction

Suppose the stone were broken into several pieces? I wd extract all wh were large enough to render it practicable, & wash out the rest

by injections with a Syringe

If there were hemorrhages from any vessels how would you stop them? By taking them up with a Tenaculum —

If the Internal Pudic Artery be wounded how then? I would run the Tenaculum under the artery & tie the whole. —

Questions on Hydrocele —

What do you mean by Hydrocele Sir?
How many varieties are there?
How do you distinguish Hydrocele of the cellular membrane of the Scrotum from others?
Oh, there is some rugosity in the Skin of the Scrotum sir, the tumour is equally divided by the Raphe. It is a Symptom of general Dropsy, & is always a part of the general disease of the cellular membrane of the body —

Are there any means by which you can afford relief to this Swelling? Yes —

What are they?

Have you any objections to making incisions in the Scrotum, do you approve of it? No –

Why? Mortificat^n might be induced –

How do you distinguish Hydrocele of the Tunica Vaginalis Testes?

Where does it commence? At the bottom of the Scrotum –

Well Sir? It is Diaphanous

Is it always so? No

What other Symptoms Sir? If the Scrotum be not much distended you can feel a fluctuation

Can you feel the Testicle? No

Where are the Testes situated? At the back & inferior part of the Scrotum

How do you distinguish Hernia f^m Hydrocele? The first begins above the last below, & coughing &c have no effect on Hydrocele &c

How do you devide the methods of treating

Hydrocele? Palliative & Radical

What are the Palliative? Making punctures & drawing off the water

How do you do that? By a lancet & push the Canula thro' the perforation

Why do you push the Canula completely thro' the perforat^n? If that were not done there w^d be danger of the water getting into the cellular membrane of the Scrotum.

The water will collect again will it? Yes

Can this be prevented by any operat^n? Yes

What is the great object of this Operat^n? To effect a radical cure by causing an adhesion between the Tunica Vaginalis & Testes.

Many methods have been advised sir to cause this adhesion will you name them? Caustic Seton & Injection

How do you apply the Caustic? On the anterior inferior part of the Scrotum

How did the older Surgeons apply it? Over the whole of the Scrotum from top to bottom

Does it perforate thro' the Tunica Vaginalis Testes? Mr Pott says never

If the caustic doesn't perforat thro' what

next? An incision. — The Seton has been advised by Mr Bolt

How do you perform the Operat^n for incision sir? By making an incision in the anterior inferior part of the tumour at the bottom.

How do you dress the wound, you know you have laid bare the testicle? Introducing dough

Do you remember the improvement by Mr Hunter? Making an incision an inch long so as to introduce the finger & draw out the sides of the wound by two hooks, when you put in pieces of dough. It is customary to put a piece of lint over them to prevent their slipping out.

How does this act? It keeps the Tunica Vaginalis distant from the Testicle until inflam^n & Suppurat^n have taken place, & prevents the sudden & irregular Collapse of the Tunica Vaginalis w^h w^d cause Partial adhesion. There are no folds & when adhesion takes place in one part, the whole adheres. When there are irregular adhesions, the Collection of water will return again. There is

another advantage, wh is that all the dough is discharged

Why wd you not rather use lint? abscesses &c wd occur

Questions on Aneurism.

What do you mean by aneurism Sir?

Why is it called a morbid dilatation of the artery? Because the internal coat is diseased before the dilatation commences & that causes the dilatation

How do you divide Aneurism? Into true & false

What do you mean by false Aneurism? It is an injury done to the artery, not a disease — the coats of the artery are wounded, the blood is found in the cellular membrane wh forms the aneurismal sac —

When this takes place what effect does it produce? It renders it susceptible of dilatation, the artery loses the power of contractility, &

+ inner

its strength is disproportioned to the momentum of blood

Will cutting an Artery by destroying its outer coat produce Aneurism? No

What experiments can you adduce in favour of this Opinion? Mr Hunters.

How were they? By cutting the Internal Coat

What effect had it? Recovered

What is the appearance of an Aneurism in the Ham? The Tumour Pulsates.

As the disease progresses what? The Swelling increases, the pulsation is less perceptible

Well what effect has the swelling? The tumour enlarging presses upon the Nerves

And what effect is produced on them? Pain. By pressing on the Lymphatics, Swelling.

If it be not cured then, what will be the result? An eschar will be produced, a seperat^n take place, & hemorrhage ensue

What Operation did the older Surgeons have recourse to? They applied a Tourniquet

tightly round the upper part of the thigh so as to interrupt the circulat^n

What next? They dissected round the sac & cut into it, discovered the Orifice of the Artery at the under & upper part of the sac, laid bare the trunk & applied a ligature just above & below

What inconvenience had this? The ligature being applied in diseased parts, hemorrhage ensued

What did they do then? Amputated

What is the Operat^n as improved by Mr Hunter? He lay bare the femoral Artery

Where exactly is the incision made? On the inner side edge of the Sartorius Muscle 4 inches long

What part of the Artery is it ye object to tie up? Just before it perforates the Triceps Muscle

How do you perform the Operat^n, do you apply the tourniquet tight? No

for as soon as the external incision is made it is necessary to feel the pulsation of the Artery, wh. you cannot do if it be applied tight

Well sir after the Tourniquet is applied loosely what next? After making the incision already mentioned, you expose the Fascia, & turn the Artery on one side —

What next?

How do you prevent the Ligatures from slipping off?

Finis

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